STATE OF WASHINGTON

MASTER LICENSE SERVICE

PO Box 9034 • Olympia, WA 98507-9034 • (360) 664-1400

REGISTRATIONS AND LICENSES

Unified Business ID #: 601 165 224
Business ID #: 1
Location: 2

WOODSTONE CREDIT UNION
1825 S 316TH ST
FEDERAL WAY WA 98003 5434

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Elizabeth A. Luce

Director, Department of Licensing

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Elizabeth A. Luce

Director, Department of Licensing

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable [redacted]

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

Seattle City Attorney's Office- Criminal Division

Contract contact/manager ***(IVIPS and Bulk records accounts)***		**Signing Authority name** ***(Bulk records accounts only)***	
Michelle Wills			
(Area code) Phone number	**Email** ***(required for IVIPS and Bulk records)***	(Area code) Phone number	**Email** ***(required for Bulk records)***
(206) 684-7776	michelle.wills@seattle.gov		

Physical address of business *(Number and street, City, State, ZIP code)*

700 5TH AVE SUITE 5300

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

PO BOX 94667, SEATTLE, WA 98124

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

Prosecution of Misdemeanor Crimes for the City of Seattle
We have 23+ accounts under this main account number.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☑ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

For registered owner information.
Finding names of victims of vehicles damaged by Defendants.
Criminal Prosecution.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? . . . . . ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? . . . . . ☐ Yes ☑ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? . . . . . ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? . . . . . ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? . . . . . ☑ Yes ☐ No

8 Check all that apply

☑ **I represent a government agency.** Agency name: Seattle City Attorney

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? . . . . . ☑ Yes ☐ No

☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller –** attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DUI Paralegal, Lead Paralegal
Title

12-1-2014, King County WA
Date and place (county) signed

X Michelle Wills
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at **https://fortress.wa.gov/dol/ivipsprod/**.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records. Send the complete form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* – (360) 359-4001 Current IVIPS number, if applicable 13a

☐ Bulk vehicle/vessel records *(Batch process)* – (360) 902-3673

PRINT or TYPE Company/Agency name PROGRESSIONS CREDIT UNION		
Primary contact name MARI ZUMBIEL	(Area code) Telephone number (509) 535-0191	(Area code) Fax number (509) 622-2050
Email mariz@progressionscu.org	Website www.progressionscu.org	
Secondary contact name NANETTE EDGETT	(Area code) Telephone number (509) 535-0191	Email nanettee@progressionscu.org
Contract manager name MARI ZUMBIEL	(Area code) Telephone number (509) 535-0191	Email mariz@progressionscu.org
Physical address of business *(Number and street, City, State, ZIP code)* 2919 E MISSION AVE SPOKANE WA 99202-3691		
Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*		

Provide **one** of these identifiers:	Tax Identification Number (TIN)	Federal Employer Identification Number (EIN) 6a	WA Unified Business Identifier (UBI)
			601133758

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

We are a financial institution that provides savings and lending (including vehicle and vessel loans) to our members.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☑ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

To verify vehicle/vessel ownership, title status, and legal ownership as part of the lending process and to verify our interest is protected if vehicle/vessel has been used as collateral for a loan.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☐ Yes ☑ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for commercial purpose, making unsolicited business contact, or promoting the sale of any goods or services? ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

☑ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PRESIDENT/CEO
Title

9/16/2014 Spokane WA
Date and place (county) signed

X Mari Zumwalt
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

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- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

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NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at **https://fortress.wa.gov/dol/ivipsprod/**.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Progressions Credit Union	Nanette Edgett	nanettee@progressionscu.r	(509) 535-0191
	Address, City, State, ZIP code: 2919 E Mission Ave Spokane WA 99202		Subscriber's permissible use: information is used for the tracking of titles as part of the lending process	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☑ No			
2	Progressions Credit Union	Jana Earle	janae@progressionscu.org	(509) 535-0191
	Address, City, State, ZIP code: 2919 E Mission Ave Spokane WA 99202		Subscriber's permissible use: information is used in the processing of vehicle/vessel loan applictions	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☑ No			
3	Progressions Credit Union	Herb Anderson	herba@progressionscu.org	(509) 535-0191
	Address, City, State, ZIP code: 2919 E Mission Ave Spokane WA 99202		Subscriber's permissible use: information is used in the processing of vehicle/vessel loan applications	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☑ No			
4	Progressions Credit Union	Barbara Stout-Henggeler	barbaras@progressionscu.r	(509) 535-0191
	Address, City, State, ZIP code: 2919 E Mission Ave Spokane WA 99202		Subscriber's permissible use: information is used in the processing of vehicle/vessel loan applications	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☑ No			
5	Progressions Credit Union	Kathryn Navarro	kathrynn@progressionscu.	(509) 535-0191
	Address, City, State, ZIP code: 2919 E Mission Ave Spokane WA 99202		Subscriber's permissible use: information is used in the processing of vehicle/vessel loan applications	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☑ No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

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Fees

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Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☐ IVIPS *(Individual record inquiries)* – (360) 359-4001 Current IVIPS number, if applicable i3a

☐ Bulk vehicle/vessel records *(Batch process)* – (360) 902-3673

PRINT or TYPE Company/Agency name Woodstone Credit Union		
Primary contact name James Mongrain	(Area code) Telephone number (253) 925-6800	(Area code) Fax number (253) 925-6852
Email jmongrain@woodstonecu.org	Website www.woodstonecu.org	
Secondary contact name Dana Siakala	(Area code) Telephone number (253) 925-6800	Email dsiakala@woodstonecu.irg
Contract manager name James Mongrain	(Area code) Telephone number (253) 925-6800	Email jmongrain@woodstonecu.org
Physical address of business *(Number and street, City, State, ZIP code)* 1825 S. 316th St., Federal Way, WA 98003		
Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)* PO Box 27030, Federal Way, WA 98093		

Provide **one** of these identifiers:	Tax Identification Number (TIN)	Federal Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			301165224

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

We are a full service financial institution. This infomration is used to help correctly list the type of vehicle and vehicle description that is pledged as collateral on loans.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☑ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

We used this information to verify the vehicle information that is used as collateral on loans. It helps identify current owners, existing lienholders and details of the vehicle including the VIN number and if it is arebuilt or salvage vehicle.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? . . . . . ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? . . . . . ☐ Yes ☑ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? . . . . . ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? . . . . . ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for commercial purpose, making unsolicited business contact, or promoting the sale of any goods or services? . . . . . ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? . . . . . ☐ Yes ☐ No

☑ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller –** attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Director of Loan Administration
Title

September 2, 2014 King County
Date and place (county) signed

X James Mongrain
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at **https://fortress.wa.gov/dol/ivipsprod/**.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records. Send the complete form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☐ IVIPS *(Individual record inquiries)* – (360) 359-4001 Current IVIPS number, if applicable [redacted]

☐ Bulk vehicle/vessel records *(Batch process)* – (360) 902-3673

PRINT or TYPE Company/Agency name Woodstone Credit Union		
Primary contact name James Mongrain	(Area code) Telephone number (253) 925-6800	(Area code) Fax number (253) 925-6852
Email jmongrain@woodstonecu.org	Website www.woodstonecu.org	
Secondary contact name Dana Siakala	(Area code) Telephone number (253) 925-6800	Email dsiakala@woodstonecu.irg
Contract manager name James Mongrain	(Area code) Telephone number (253) 925-6800	Email jmongrain@woodstonecu.org
Physical address of business *(Number and street, City, State, ZIP code)* 1825 S. 316th St., Federal Way, WA 98003		
Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)* PO Box 27030, Federal Way, WA 98093		

Provide **one** of these identifiers:	Tax Identification Number (TIN)	Federal Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			301165224

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

We are a full service financial institution. This infomration is used to help correctly list the type of vehicle and vehicle description that is pledged as collateral on loans.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☑ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

We used this information to verify the vehicle information that is used as collateral on loans. It helps identify current owners, existing lienholders and details of the vehicle including the VIN number and if it is arebuilt or salvage vehicle.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? . . . . . ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? . . . . . ☐ Yes ☑ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? . . . . . ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? . . . . . ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for commercial purpose, making unsolicited business contact, or promoting the sale of any goods or services? . . . . . ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? . . . . . ☐ Yes ☐ No

☑ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
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☐ **I represent a data broker/reseller –** attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
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☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

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- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

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By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Director of Loan Administration
Title

September 2, 2014 King County
Date and place (county) signed

X James Mongrain
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
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- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at **https://fortress.wa.gov/dol/ivipsprod/**.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable 13a

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

Seattle City Attorney's Office- Criminal Division

Contract contact/manager ***(IVIPS and Bulk records accounts)***		**Signing Authority name** ***(Bulk records accounts only)***	
Michelle Wills			
(Area code) Phone number	**Email** ***(required for IVIPS and Bulk records)***	(Area code) Phone number	**Email** ***(required for Bulk records)***
(206) 684-7776	michelle.wills@seattle.gov		

Physical address of business *(Number and street, City, State, ZIP code)*

700 5TH AVE SUITE 5300

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

PO BOX 94667, SEATTLE, WA 98124

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

Prosecution of Misdemeanor Crimes for the City of Seattle
We have 23+ accounts under this main account number.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☑ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

For registered owner information.
Finding names of victims of vehicles damaged by Defendants.
Criminal Prosecution.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? . . . . . ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

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Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? . . . . . ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? . . . . . ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? . . . . . ☑ Yes ☐ No

8 Check all that apply

☑ **I represent a government agency.** Agency name: Seattle City Attorney

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? . . . . . ☑ Yes ☐ No

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- your current business license
- any/all professional licenses that you possess

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- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
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- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
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2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

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- your current bar card

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By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DUI Paralegal, Lead Paralegal
Title

12-1-2014, King County WA
Date and place (county) signed

X Michelle Wills
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

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In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
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	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			

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COPY & PRINT DEPOT FAX SERVICES

Complimentary Fax Cover Sheet

TO: DOL . PUBLIC DISCLOSURE
FAX NUMBER: 360 570-7895
DATE: 8/22/14

FROM: MARCO RUISLA A-1 PROCESS SERVERS OF WA.
SENDER'S PHONE #: 425 772-8130
OF PAGES: 6

CUSTOMER'S NOTES:

4 PAGES IVIPS COMPLETE APP (RENEWAL)

1 PAGE BUSINESS LICENSE

1 PAGE PROCESS SERVER REG

PLEASE CALL ME THAT YOU GOT THIS OK

SENDER AGREES NOT TO USE THIS FAX TO: (I) TRANSMIT MATERIAL WHOSE TRANSMISSION IS UNLAWFUL, HARASSING, LIBELOUS, ABUSIVE, THREATENING, HARMFUL, VULGAR, OBSCENE, PORNOGRAPHIC OR OTHERWISE OBJECTIONABLE, (II) CREATE A FALSE IDENTITY, OR OTHERWISE ATTEMPT TO MISLEAD OTHERS AS TO THE IDENTITY OF THE SENDER OR THE ORIGIN OF THIS FAX; (III) POST OR TRANSMIT ANY MATERIAL THAT MAY INFRINGE THE COPYRIGHT, TRADE SECRET, OR OTHER RIGHTS OF ANY THIRD-PARTY; (IV) VIOLATE ANY FEDERAL, STATE OR LOCAL LAW IN THE LOCATION, OR (V) CONDUCT ACTIVITIES RELATED TO GAMBLING, SWEEPSTAKES, RAFFLES, LOTTERIES, CONTEST, PONZI SCHEMES OTHER LIKE.

PLEASE NOTE THAT OFFICE DEPOT DOES NOT REVIEW THE CONTENTS OF ANY FAX SENT USING ITS SERVICES, FURTHER, BY SIGNING BELOW THE SENDER OF THIS FAX HEREBY AGREES TO INDEMNIFY OFFICE DEPOT TO THE FULLEST EXTENT OF THE LAW AND FOR ANY AND ALL CLAIMS, SUITS OR DAMAGES ARISING OUT OR IN CONNECTION WITH THE REQUEST TO SEND, OR SENDING THIS FAX.

CUSTOMER SIGNATURE (REQUIRED) X

THANK YOU FOR USING OFFICE DEPOT'S CUSTOMER FAX SERVICES

STORE INFORMATION

OFFICE DEPOT #982
10115 EVERGREEN WAY
EVERETT, WA 98204
PHONE: (425) 513-0515
FAX: (425) 513-0408

First Page Local Fax	833 - 071	First Page Long Distance Fax	833 - 081	First Page International Fax	833 - 191
Additional Local Fax	456 - 687	Additional Long Distance	833 - 091	Additional International Fax	833 - 201

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

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Fees

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1 Method of access you are requesting

[redacted] 13a

☒ IVIPS *(Individual record inquiries)* – (360) 359-4001 Current IVIPS number, if applicable

☐ Bulk vehicle/vessel records *(Batch process)* – (360) 902-3673

PRINT or TYPE Company/Agency name: A-1 PROCESS SERVERS OF WASHINGTON / LEGAL SERVICES

Primary contact name	(Area code) Telephone number	(Area code) Fax number
MARCO A. RUISLA	425 772-8130	
Email RUISLA@LIVE.COM	**Website** N/A	
Secondary contact name	(Area code) Telephone number	Email
Contract manager name	(Area code) Telephone number	Email

Physical address of business *(Number and street, City, State, ZIP code)*: 15100 STONE LN. N. SHORELINE, WA 98133

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*: P.O.B 2112 LYNNWOOD, WA 98036

Provide **one** of these identifiers:	Tax Identification Number (TIN)	Federal Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
	[redacted] 6a		604 428 781

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☒ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

ABILITY TO RUN LICENSE PLATES @ SUBJ HOME/APT OR RESI, PRIOR TO APPROACHING DOOR FOR SERVICE OF LEGAL DOCS. (GOV ISSUED, STATE ISSUED, ATTORNEYS, CIVIL, COLLECTIONS, REPO'S, LIENS, ETC.).

- SO I HAVE AN IDEA IF SUBJ VEHICLE IS NEAR IS NEAR @ ADDRESS FOR SERVICE. ALSO TO HELP IDENTIFY POSSIBLE SUBJECTS WHEREABOUTS + POSSIBLE AVOIDING SERVICE

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☐ Yes ☒ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for commercial purpose, making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).

☒ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PROCESS SERVER # 2012-35 MARCO RUIZ
Title

8/22/14 LYNNWOOD, WA
Date and place (county) signed

X
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at **https://fortress.wa.gov/dol/ivipsprod/.**

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

2557100936001

MARCO ANTONIO RUISLA
A-1 PROCESS SERVERS OF WASHINGTON/BR
PO BOX 2112
LYNNWOOD WA 98036-2112

DETACH BEFORE POSTING

000936

STATE OF WASHINGTON

BUSINESS LICENSE

Sole Proprietorship

Unified Business ID #: 601 428 781
Business ID #: 1
Location: 3

MARCO ANTONIO RUISLA
A-1 PROCESS SERVERS OF WASHINGTON/BROKEN VOWS LEGAL SERVICES
15100 STONE LN N
SHORELINE WA 98133 6257

TAX REGISTRATION

REGISTERED TRADE NAMES:
A-1 PROCESS SERVERS OF WASHINGTON/BROKEN VOWS LEGAL SERVICES

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

WASHINGTON STATE PROCESS SERVER REGISTRATION

Are you currently registered as a Process Server in the county?

Yes X No _____

201308239001 1 PG
08/23/2013 1:04pm $10.00
SNOHOMISH COUNTY, WASHINGTON

Registration Number: 2012-35

I am over 18 years of age and I am competent to be a witness in a court proceeding. I hereby request to be registered as a process server in Snohomish County, Washington.

Legal Name	MARCO A. RUISLA
Date of Birth	8-11-70
Social Security Number	[redacted] 6a
Business Name	A-1 PROCESS SERVERS OF WASH.
Business Address (both street and mailing addresses)	P.O.B 2112 LYNNWOOD, WA 98036
Business Telephone	425 772-8130

I understand that I am required by law to renew this registration within one year of the initial registration or when I change my name, the name of my business, my business address or business telephone number. I further understand that if the renewal is required because of a change in my identifying information, I must renew the registration within ten days of the date the identifying information changes.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at EVERETT WA (City and State), on 8/23/13 (Date)

_____ (Signature)

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records. Send the complete form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* – (360) 359-4001 Current IVIPS number, if applicable [redacted 13a]

☐ Bulk vehicle/vessel records *(Batch process)* – (360) 902-3673

PRINT or TYPE Company/Agency name: AA ACTION TOWING INC		
Primary contact name: JOHN R HOWELL	(Area code) Telephone number: (702) 737-9100	(Area code) Fax number: (702) 737-8567
Email: johnhowell@actiontowing.net	Website: actiontowing.net	
Secondary contact name: CARRIE SOULES	(Area code) Telephone number: (702) 737-9100	Email: carriesoules@actiontowing.net
Contract manager name: JOHN R HOWELL	(Area code) Telephone number: (702) 737-9100	Email: johnhowell@actiontowing.net

Physical address of business *(Number and street, City, State, ZIP code)*: 2511 KIEL WAY N LAS VEGAS, NV 89030

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*: SAME

Provide **one** of these identifiers:	Tax Identification Number (TIN)	Federal Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
	[redacted 6a]	[redacted 6a]	

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

WE PROVIDE TOWING AND ROAD SERVICE TO DISABLED VEHICLES. WE ALSO REMOVE ABANDONED AND ILLEGALLY PARKED VEHICLES FROM PRIVATE PROPERTY. VEHICLES THAT ARE UNCLAIMED ARE SOLD IN A LIEN SALE.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☑ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

TO NOTIFY OWNERS OF IMPOUNDED VEHICLES, THAT VEHICLE WILL BE SOLD IN A PUBLIC AUCTION IF NOT CLAIMED.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? . . . . . ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? . . . . . ☑ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

CERTIFIED MAIL VIA USPS

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? . . . . . ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? . . . . . ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for commercial purpose, making unsolicited business contact, or promoting the sale of any goods or services? . . . . . ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☑ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PRESIDENT
Title

10/09/2014 CLARK
Date and place (county) signed

X JOHN R HOWELL
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at **https://fortress.wa.gov/dol/ivipsprod/.**

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

A. A. ACTION TOWING, INC.

Nevada Business Identification # NV19861016821

Expiration Date: September 30, 2015

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

This license shall be considered valid until the expiration date listed above unless suspended or revoked in accordance with Title 7 of Nevada Revised Statutes.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 25, 2014

ROSS MILLER
Secretary of State

This document is not transferable and is not issued in lieu of any locally-required business license, permit or registration.

Please Post in a Conspicuous Location

You may verify this Nevada State Business License online at www.nvsos.gov under the Nevada Business Search.

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☒ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable [redacted 13a]

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☒ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

AA PROCESS SERVERS AA INVESTIGATIONS 1

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
WILLIAM J. FARMIN			
(Area code) Phone number	**Email** *(required for IVIPS and Bulk records)*	(Area code) Phone number	**Email** *(required for Bulk records)*
253-495-1986	process_servers@hotmail.com		

Physical address of business *(Number and street, City, State, ZIP code)*

8203 182ND AVE E. BONNEY LAKE, WA 98391

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

4027 S. MERIDIAN C-516 PUYALLUP, WA 98373

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
	[redacted 6a]		601314407

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

PROCESS SERVING - SERVING LEGAL PAPERS AND PRIVATE INVESTIGATIONS LOCATING PEOPLE, SURVEILLANCE

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☒ Private investigator
- ☒ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

TO VERIFY RESIDENCY - IF SOMEONE DENIES ~~WHO~~ THEY ARE A DEFENDANT, WE RUN VEHICLE PLATES TO PROVE/DISPROVE WHO THEY ARE - OR RESIDENCY

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? . . . . . ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? . . . . . ☐ Yes ☒ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? . . . . . ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? . . . . . ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? . . . . . ☒ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☒ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☒ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

WILLIAM J. FARMIN - OWNER AA PROCESS SERVERS
Title

3/4/2015 PUYALLUP PIERCE COUNTY, WA
Date and place (county) signed

X _____
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Due Date:2/23/2015

Washington State Process Server Registration

Pierce County Auditor's Office

RECEIVED
PIERCE COUNTY AUDITOR
JAN 06 2015

Auditor's Office Use Only	
License Issued	9912
Receipt #	16 13875
Date Issued	1 5 15
Expiration Date	2 23 16

Applicant Information

Legal Name William Farmin Date of Birth 7-6-60

Mailing Address Same as below

City State Zip

Self-Employed? [X] Yes [ ] No Phone Number (253) 845-9729

Business Information

Business Name A A PROCESS SERVERS

Business Address 4227 S. MERIDIAN STE. C-516

City PUYALLUP State WA Zip 98373

Business Phone (253) 845-9729

I am over 18 years of age and I am competent to be a witness in a court proceeding.
I hereby request to be registered as a process server in Pierce County, Washington.

I understand that I am required by law to renew this registration within one year of the initial registration or when I change my name, the name of my business, my business address or business telephone number.

I further understand that if the renewal is required because of a change in my identifying information, I must renew the registration within ten days of the date the identifying information changes.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, and I am a resident of the State of Washington, and that I either reside in or operate my principal place of business in this county. (Per RCW 36.22.210 & 18.180.020)

Signed at Puyallup, WA (City and State), on 1-2-15 (Date)

William Farmin
Signature

Amount Due: $ 10

Check one box:

- [ ] Initial Registration
- [X] Renewal
- [ ] Change of Information

Pierce County Business Licensing
2401 South 35th St, Rm 200
Tacoma, Washington 98409-7484
253-798-7445 | 253-798-2623 fax
www.piercecountyauditor.org

Please see reverse side to complete application.

STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON NAMED HEREON IS AUTHORIZED, AS PROVIDED BY LAW, AS AN

UNARMED PRIVATE INVESTIGATOR
PRINCIPAL

A A INVESTIGATIONS
WILLIAM J FARMIN
4227 S MERIDIAN STE C516
PUYALLUP WA 98373

Licensee Released -

Termination Date __/__/__

Cert/Lic No.	Issued Date	Expiration Date
3356	03/09/2011	02/28/2016

Pat Kohler
Pat Kohler, Director

PL-630-159 (R/6/13)

STATE OF WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 601 314 407
Business ID #: 1
Location: 2
Expires: 02-29-2016.

Sole Proprietorship

WILLIAM JEREMY FARMIN
AA INVESTIGATIONS
8203 182ND AVE E
BONNEY LAKE WA 98391 7139

TAX REGISTRATION
PRIVATE INVESTIGATIVE AGENCY

PRIVATE INVESTIGATIVE AGENCY PRINCIPAL:
FARMIN, J WILLIAM

CITY LICENSES/REGISTRATIONS:
BONNEY LAKE GENERAL BUSINESS

REGISTERED TRADE NAMES:
AA INVESTIGATIONS
AA PROCESS SERVERS
SHOSHONE BOOK COMPANY

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith
Director, Department of Revenue

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

13a

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable: _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

AAA Auto Wrecking and Sales

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Barry Fleming			
(Area code) Phone number	Email *(required for IVIPS and Bulk records)*	(Area code) Phone number	Email *(required for Bulk records)*
(253) 852-1552	aaaautowrecking@yahoo.com		

Physical address of business *(Number and street, City, State, ZIP code)*

26311 78th Ave S. Kent, WA. 98032

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			601 919 431

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

Buy and sell used motor vehicles. Buy used motor vehicles for the purpose of selling used auto parts and selling the hulks for scrap.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☑ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☑ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Need to verify registered and legal owner information for vehicles prior to us purchasing those vehicles for resale as used cars or for dismantling for parts in order to prevent purchase of vehicles which may have liens not noted on paperwork submitted to us. In the case of an owner who has lost the title to his vehicle, to verify that he in fact is the registered and legal owner of the vehicle.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☑ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

Contact is always initiated by person wishing to sell a vehicle, not by us.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

☑ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Manager
Title

1/2/2015 (King)
Date and place (county) signed

X Barry Flemimg
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.

STATE OF WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 601 919 431
Business ID #: 1
Location: 1
Expires: 12-31-2015

Domestic Profit Corporation

AAA AUTO WRECKING, INC.
26311 78TH AVE S
KENT WA 98032

MOTOR VEHICLE WRECKER #2865

Copart Buyer 2865
AAA Buyer 14532

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

2557100619700 2

AAA AUTO WRECKING, INC.
26311 78TH AVE S
KENT WA 98032

DETACH BEFORE POSTING

006231

STATE OF WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 601 919 431
Business ID #: 1
Location: 2
Expires: 12-31-2015

Domestic Profit Corporation

AAA AUTO WRECKING, INC.
AAA AUTO SALES
26311 78TH AVE S
KENT WA 98032

Copart Buyer 8065
AAA Buyer 14532

TAX REGISTRATION
MOTOR VEHICLE DEALER #1424

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION
THIS CERTIFICATE IS EVIDENCE OF THE AUTHORITY AND APPOINTMENT OF

NOTARY PUBLIC APPOINTMENT

THOMAS J MASON

Christine Gregoire, Governor

Sam Reed, Secretary of State

Alan Haight, Director, Department of Licensing

Cert/Lic No.	Issued Date	Expiration Date
162129	10/25/2012	10/19/2016

STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION
THIS CERTIFICATE IS EVIDENCE OF THE AUTHORITY AND APPOINTMENT OF

NOTARY PUBLIC APPOINTMENT

BARRY E FLEMING

Jay Inslee, Governor

Kim Wyman, Secretary of State

Alan Haight, Department of Licensing

Cert/Lic No.	Issued Date	Expiration Date
46746	10/03/2013	10/03/2017

-630-160 (R/3/13)

STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION
THIS CERTIFICATE IS EVIDENCE OF THE AUTHORITY AND APPOINTMENT OF

NOTARY PUBLIC APPOINTMENT

D R PHELPS

Jay Inslee, Governor

Kim Wyman, Secretary of State

Alan Haight, Department of Licensing

Cert/Lic No.	Issued Date	Expiration Date
165520	04/30/2013	04/29/2017

ACME FINANCE COMPANY INC.

10,000 Aurora Ave N #312
Seattle, WA 98133
(206) 622-4400, (800) 622-8156, Fax (206) 729-1231

November 7, 2014

State of Washington
Orpha Zollars
Department of Licensing
PO Box 2957
Olympia, WA 98507-2957

IVIPS Contract Account Number: [redacted] 13a

Dear Orpha,

Please find the enclosed paperwork to start the process to renew our IVIPS annual renewal.

I completed section or question #2 which I previously left blank by accident.

Thanks and feel free to call if you have any questions.

Sincerely,
ACME FINANCE COMPANY INC.

Brian E Gwinn
Treasurer

360-570-7895

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records. Send the complete form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☒ IVIPS *(Individual record inquiries)* – (360) 359-4001 Current IVIPS number, if applicable [redacted 13a]

☐ Bulk vehicle/vessel records *(Batch process)* – (360) 902-3673

PRINT or TYPE Company/Agency name: Acme Finance Company Inc.		
Primary contact name: Brian E. Gwinn	(Area code) Telephone number: 206-622-4400	(Area code) Fax number: 206-729-1231
Email: acmefinance@comcast.net	Website: N/A	
Secondary contact name: Robert F. Gwinn	(Area code) Telephone number: 206-622-4400	Email: acmefinance@comcast.net
Contract manager name: Brian E. Gwinn	(Area code) Telephone number: 206-622-4400	Email: acmefinance@comcast.net
Physical address of business *(Number and street, City, State, ZIP code)*: 10,000 Aurora Ave N # 312 Seattle, WA 98133		
Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*		
Provide **one** of these identifiers: Tax Identification Number (TIN) [redacted 6a]	Federal Employer Identification Number (FEIN) [redacted 6a]	WA Unified Business Identifier (UBI): 578-065-408

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

We are a WA state licensed consumer loan company providing auto loans for people secured by the car & or truck for collateral.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☒ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

We provide auto loans to people buying CARS & TRUCKS at CAR dealers and need to access IVIPS to make sure the CAR dealers have put our company on as legal owner.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☒ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for commercial purpose, making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Treasurer
Title

11-7-14 King County Seattle, WA
Date and place (county) signed

X [signature]
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

City of Seattle Customer #: 4321

State of Washington UBI #: 578065408
Tax period: Quarterly*
Tax Reporting: Separate
BUSINESS LICENSE ,

XPIRATION DATE
2/31/2014

2014

* Tax returns due: n 31 Jul 31 Oct 31
IF you have not rec ed a blank return within 20 days of a due date, contact the ensing & Tax Administration office.

ACME FINANCE COMPANY INC
10000 AURORA AV N #3-12
SEATTLE, WA 98133

Not Transferable **Post Conspicuously**

THE CITY OF SEATTLE

Dept. of Finance and Administrative Services
700 5th Avenue Suite 4250
P.O. BOX 34214
Seattle WA 98124-4214
(206) 684-8484 Fax (206) 684-5170
email rca@seattle.gov
www.seattle.gov/rca/

Business License
Expiration Date: 12/31/2014

2014

BUSINESS MAILING ADDRESS:

4321 000 2

ACME FINANCE COMPANY INC
10000 AURORA AVE N STE 312
SEATTLE WA 98133-9346

9041 / 20-27-2

State of Washington
Business Licensing Service

Office of the Secretary of State
Corporations Division

LEGAL ENTITY REGISTRATION

Unified Business ID #: 578 065 408
Business ID #: 1

Expires: 12-31-2014

ACME FINANCE COMPANY, INC.
10000 AURORA AVE N #312
SEATTLE WA 98133

Domestic Profit Corporation
Renewed by Authority of Secretary of State

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Director, Department of Revenue

STATE OF WASHINGTON
DEPARTMENT OF LICENSING
PO Box 2957 • Olympia, Washington 98507-2957

FEBRUARY 10, 2014

BRIAN GWINN
ACME FINANCE COMPANY
10000 AURORA AVE N #312
SEATTLE WA 98133

IVIPS Contract Account Number: [redacted] 13a

Thank you for returning the signed IVIPS Contract. Enclosed is a copy of the fully executed Contract for your records.

Here's what you need to do next:

1. Read and review the entire Contract with each employee listed on the User Access/Change Request you submitted.
2. Provide each User with their assigned sub-account number.
3. Go online and print the current Attachment C, Information Request Log (IRL) and provide them to each User for their individual logging of inquiries.

As a reminder, a fee of $0.04(four cents) per inquiry will be billed to you as described in your Contract. Effective January 1, 2014, DOL must charge $2.00 (two dollars) for every record returned. The $2.00 (two dollars) per record fee is in addition to the existing $0.04 (four cents) per inquiry fee $2.04(two dollars four-cents). Read more about this change onlineathttps://fortress.wa.gov/dol/ivipsprod/FAQ.pdf .

IVIPS Contracts are issued for up to one year. Renewal reminders are not provided, so **mark your calendar** 30 days prior to the expiration date listed on page one (1) of your Contract. To avoid IVIPS access disruption, apply for renewal of your contract at least 30 days before it expires. Upon expiration of your contract, IVIPS access will be turned off.

If you have questions about your IVIPS account, contact us at (360) 359-4001 or vsdisclose@dol.wa.gov.

For additional Vehicle/Vessel records not available through IVIPS call the Public Disclosure Unit at (360) 359-4002 or email faxrecords@dol.wa.gov . (fees apply)

OZ
IVIPS Contact

We are committed to providing equal access to our services.
If you need accommodation, please call 360-359-4001 or TTY 360-664-0116.

ATF 9-5-2013 Revised -10-23-2013

WASHINGTON STATE DEPARTMENT OF LICENSING

USE AND DISCLOSURE IVIPS CONTRACT AND CONTRACTOR LISTED BELOW

Account No. 13a

This Contract is made and entered into between Department of Licensing referred to as "DOL" and the Contractor listed below, hereinafter referred to as the "Contractor "or "User". **By signing this Contract, Contractor acknowledges that they read and reviewed this Contract in its entirety which includes all online documents, with all employees who will have IVIPS access.** Contractor understands and agrees to comply with all terms and conditions of the Contract, Attachments and documents contained herein or incorporated by reference, which are located at https://fortress.wa.gov/dol/ivipsprod/. Upon execution, this Contract sets forth in full all terms and conditions and cancels and supersedes any previous IVIPS Contract(s), including Attachments and documents.

Contract start date	Contract end date	Contract Amount
Date of Execution	December 31, 2014	$0.04 per lookup plus $2.00 per record returned

Purpose of contract
This Contract is to provide access to IVIPS and the permitted use of records obtained.

CONTRACTOR CONTACT INFORMATION

Contractor name
Acme Finance Company

Contractor's DBA and FEA

Contractor physical address	Contractor mailing address
10000 Aurora Ave N #312 Seattle WA 98133	

Contractor contact name	Contractor contact telephone	Contractor fax	Contractor e-mail address (required)
Brian Gwinn	206-622-4400	206-729-1231	bgwinn@juno.com

DEPARTMENT OF LICENSING (DOL) CONTACT INFORMATION

Administration		Division	
Vehicle/Vessel Public Disclosure		Central Operations and Resources	
DOL contact information	**DOL contact address**	**DOL contact phone**	**DOL contact e-mail**
Susan Mitchell Orpha Zollars	Department of Licensing PO Box 2957 Olympia, WA 98507	360-359-4001 **DOL contact fax** 360-570-7885	vsdisclose@dol.wa.gov

AUTHORITY

Revised Code Washington (RCW) 19.02; 46.12.630-640; 42.56, Washington Administrative Code (WAC) 308, the Chapter 18 USC Sec. 2721-2725 Federal Driver Privacy Protection Act (DPPA) and Executive Order 97-01, as currently written or hereafter amended.

CONTRACT INFORMATION

Required documents
The following documents are available online at https://fortress.wa.gov/dol/ivipsprod/ and are incorporated by reference:

1. Special Terms and Conditions contained herein
2. Attachment A, General Terms and Conditions (required reading and Compliance)
3. Attachment B, User Access/Change Request (to be completed and returned to DOL with signed Contract)
4. Attachment C, Information Request Log (to be maintained individually by each User and provided to DOL upon request)
5. Attachment D, Sample Notification Letter (Contractor to use per Section 10 of Contract)
6. Attachment E, Data Security Requirements(required reading and Compliance)
7. Attachment F, Destruction of Data (to be completed and returned to DOL upon termination of Contract)

DOL reserves the right to modify or update all Attachments as required. Contractor is responsible to check that they are only using the most current version of documents.

IN WITNESS WHEREOF, the parties signing below have executed this Contract, and affirm they have read the Contract and have the authority to bind their respective parties to the terms and conditions of this Contract.

Contractor signature	Date	DOL signature	Date
Brian E. Gwinn	2-5-14	[signature]	2-10-14
Legibly print name and title		**Print name and title**	
BRian E. Gwinn - TReasurer		Hannah Fultz, Records Officer / Public Records Officer	

REVISED 10-9-2013

IVIPS USE AND DISCLOSURE CONTRACT
ATTACHMENT B
USER/ACCESS CHANGE REQUEST

It is the Contractor's responsibility to:

a. Read and review the IVIPS Use and Disclosure Contract with each employee listed,
b. Instruct employees not to disclose or share User Sub-Account numbers and passwords, and
c. Notify DOL in writing within three (3) business days of any changes to the Contact information (i.e. business owner, business address, phone number, Contract Contact, employee eligibility or if an employee with access leaves employment).

Failure to comply with the above may result in Immediate termination of this Contract.

TYPE or PRINT Business Name	IVIPS Account Number
Acme Finance Company Inc.	13a
Business Address: 10000 Aurora Ave N #312	
City: Seattle	State: WA / ZIP Code: *98133*
Contact Name: *Brian E Gwinn*	Contact (Area Code) Telephone Number: 2066224400

User Access

1.Type or print Employee Name: *Brian E Gwinn*	☑ Add ☐ Remove	User Sub-Account Number: 13a
2.Type or print Employee Name: *Robert F Gwinn*	☑ Add ☐ Remove	User Sub-Account Number: 13a
3.Type or print Employee Name: *John R Gwinn*	☑ Add ☐ Remove	User Sub-Account Number: 13a
4.Type or print Employee Name: *Sharon G Serrano*	☑ Add ☐ Remove	User Sub-Account Number: 13a
5.Type or print Employee Name	☐ Add ☐ Remove	User Sub-Account Number
6.Type or print Employee Name	☐ Add ☐ Remove	User Sub-Account Number
7.Type or print Employee Name	☐ Add ☐ Remove	User Sub-Account Number
8.Type or print Employee Name	☐ Add ☐ Remove	User Sub-Account Number
9.Type or print Employee Name	☐ Add ☐ Remove	User Sub-Account Number
10.Type or print Employee Name	☐ Add ☐ Remove	User Sub-Account Number
11.Type or print Employee Name	☐ Add ☐ Remove	User Sub-Account Number
12.Type or print Employee Name	☐ Add ☐ Remove	User Sub-Account Number
13.Type or print Employee Name	☐ Add ☐ Remove	User Sub-Account Number
14.Type or print Employee Name	☐ Add ☐ Remove	User Sub-Account Number
15.Type or print Employee Name	☐ Add ☐ Remove	User Sub-Account Number

Update for User Names Changes (i.e. if some get married)

Type or print Current Employee Name	Updated Employee Name	User Sub-Account Number
Type or print Current Employee Name	Updated Employee Name	User Sub-Account Number
Type or print Current Employee Name	Updated Employee Name	User Sub-Account Number

Signature of Contractor Contact	Effective date
X *Brian E. Gwinn*	2-5-14

NOTE: This Form may be duplicated

ACTION COLLECTORS, INC.
P.O. BOX 2365
YAKIMA, WA 98907

(509) 248-6910
FAX (509) 453-8786

FAX TRANSMITTAL / COVER SHEET

DATE: 04-02-15

COMPANY: Department Of Licensing

ATTN: I.V.I.P.S. – OZ

FROM: Cory

OF PAGES (INCLUDING COVER SHEET): 6

Dear I.V.I.P.S., Please see attached our Application & business license. Please call my office at (509) 248-6910.

Respectfully,

Cory Huard,
Manager

Fax number: 1-360-570-7895

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☑ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

ACTION COLLECTORS, INC.

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Cory Huard			
(Area code) Phone number	Email *(required for IVIPS and Bulk records)*	(Area code) Phone number	Email *(required for Bulk records)*
(509) 248-6910	coryhuard33@msn.com		

Physical address of business *(Number and street, City, State, ZIP code)*

3410 W. NOB HILL BLVD #4 , Yakima, WA 98902

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

P.O. BOX 2365 , Yakima, WA 98907

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
	6a		601-134-645

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

third party debt collection

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☑ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private Investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

locating and verifying address for debt collection purposes.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☑ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

☑ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Aitach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller –** attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Manager
Title

04/02/2015 Yakima, Yakima, WA
Date and place (county) signed

X Cory Quard
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at **https://fortress.wa.gov/dol/ivipsprod/.**

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

STATE OF WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 601 134 645
Business ID #: 1
Location: 1
Expires: 03-31-2016

Domestic Profit Corporation

ACTION COLLECTORS INCORPORATED
3410 W NOB HILL BLVD STE # 4
YAKIMA WA 98902 2365

TAX REGISTRATION
INDUSTRIAL INSURANCE
COLLECTION AGENCY

UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

TRANSMISSION VERIFICATION REPORT

TIME : 04/02/2015 14:50
NAME : ACTION
FAX : 5094538786
TEL : 5092486910
SER.# : 000C8N421947

DATE,TIME	04/02 14:47
FAX NO./NAME	13605707895
DURATION	00:03:23
PAGE(S)	06
RESULT	OK
MODE	STANDARD

ACTION COLLECTORS, INC.
P.O. BOX 2365
YAKIMA, WA 98907

(509) 248-6910
FAX (509) 453-8786

FAX TRANSMITTAL / COVER SHEET

DATE: 04-02-15

COMPANY: Department Of Licensing

ATTN: I.V.I.P.S.

FROM: Cory

OF PAGES (INCLUDING COVER SHEET): 6

Dear I.V.I.P.S., Please see attached our Application & business license. Please call my office at (509) 248-6910.

Respectfully,

Cory

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable 13a

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☑ Regular

PRINT or TYPE Company/Agency name

ACURA OF BELLEVUE

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Tawni Bullock			
(Area code) Phone number	Email *(required for IVIPS and Bulk records)*	(Area code) Phone number	Email *(required for Bulk records)*
(425) 644-3000	tawnibullock@acuraofbellevue.co		

Physical address of business *(Number and street, City, State, ZIP code)*

13424 NE 20TH ST, BELLEVUE, WA 98005

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			600 617 521

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

Acura of Bellevue buys and sells new and used vehicles.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☑ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

When a customer is trading-in a vehicle we need to know if there are liens against the vehiche and who the Legal owner is at the time of the TradeIn.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☑ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

☑ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Title Clerk
Title

1/13/15 Bellevue WA-King
Date and place (county) signed

X Darla Graham
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at **https://fortress.wa.gov/dol/ivipsprod/.**

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

STATE OF WASHINGTON

BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 600 617 521
Business ID #: 1
Location: 1
Expires: 12-31-2015

BNS ENTERPRISES, INC.
ACURA OF BELLEVUE
13424 NE 20TH
BELLEVUE WA 98005

TAX REGISTRATION
INDUSTRIAL INSURANCE
MINOR WORK PERMIT
MOTOR VEHICLE DEALER #1008

UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS:
BELLEVUE GENERAL BUSINESS #026980

DUTIES OF MINORS:
Lot clean-up, scan & file paperwork, answer phone.

LICENSING RESTRICTIONS:
The regular driving of motor vehicles by minors is prohibited.
WAC 296-125-030 (2)
Court permission and a variance from L&I is required to hire minors under the age of 14 in non-agriculture jobs. Call 360-902-5316 or email teensafety@Lni.wa.gov for information.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

ADESA OREGON LLC dba ADESA Northwest

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Darlaina Shedeck (Darla)			
(Area code) Phone number	**Email** *(required for IVIPS and Bulk records)*	(Area code) Phone number	**Email** *(required for Bulk records)*
(541) 689-3901	darlaina.shedeck@adesa.com		

Physical address of business *(Number and street, City, State, ZIP code)*

90485 Auction Way, Eugene, OR 97402

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN) [redacted] 6a	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

We are a vehicle auction that is open mainly to licensed vehicle dealers.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☑ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☑ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☑ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☑ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☑ Transporter
- ☐ Union (non-profit)
- ☑ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

We need to verify Lost Title Applications and to verify vehicle ownership information (ie, lienholders) on vehicles that are dropped off at our auction.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☑ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

We occasionally contact lienholders via telephone or email.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☑ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller –** attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Office Manager
Title

6/23/2016 Lane County, OR
Date and place (county) signed

X Darlaina L Shedeck-om
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

Administrative Office of the Courts

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Jan Wilson			
(Area code) Phone number	**Email** *(required for IVIPS and Bulk records)*	(Area code) Phone number	**Email** *(required for Bulk records)*
(360) 705-5309	jan.wilson@courts.wa.gov		

Physical address of business *(Number and street, City, State, ZIP code)*

1206 Quince Street, SE Olympia 98504

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

PO Box 41170, Olympia WA 98504

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			600468437

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

The Administrataive Office of the Courts (AOC) operates under the direction and supervision of the Chief Justice of the Supreme Court, and provides administrative and technological assistance to the Supreme Court and the Courts of Appeal.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☑ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

AOC employees pay a monthly fee to park at the agency. Only fee-paying employees may park in the spaces reserved for employees. Employees display a parking permit on their vehicle. Access to DOL information is necessary to enforce the AOC's parking regulations. AOC staff attempt to contact the owners of the vehicles which do not display a parking permit to have them move their vehicles. The vehicle owner is usually a visitor to the agency or an agency employee.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? . . . . . ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? . . . . . ☑ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

in person contact if the person is on-site (the vehicles usually belowong to an agency visitor of employee). AOC visitors sign in with the receptionist.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? . . . . . ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? . . . . . ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? . . . . . ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? . . . . . ☐ Yes ☐ No

☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller –** attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Title

3/11/2015 Thurston County
Date and place (county) signed

X Jan Wilson
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at **https://fortress.wa.gov/dol/ivipsprod/**.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? . . . . . ☐ Yes ☐ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees m[redacted]ds.

1 Method of access you are requesting

☐ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable [redacted 13a]

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☒ Regular

PRINT or TYPE Company/Agency name: Adzam Inc dba Dougs Mazda

Contract contact/manager *(IVIPS and Bulk records accounts)*	Signing Authority name *(Bulk records accounts only)*
Becky Iverson	
(Area code) Phone number / Email *(required for IVIPS and Bulk records)*: 425-774-3551 becky@dougs.com	(Area code) Phone number / Email *(required for Bulk records)*

Physical address of business *(Number and street, City, State, ZIP code)*: 22130 Hwy 99 Edmonds WA 98026

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*:

Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
	[redacted 6a]		600 436 468

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

Automotive Sales

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☒ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party Provide business names: _____
- ☐ Other (explain) _____

Apr. 1. 2015 3:30PM No. 8036 P. 1

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

To verify legal owners on all trade in vehicles

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☒ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

Apr. 1. 2015 3:30PM No. 8036 P. 2

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Office Mgr
Title

4-1-15
Date and place (county) signed

X Barbara Jones
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Apr. 1. 2015 3:30PM No. 8036 P. 3

STATE OF
WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 600 436 468
Business ID #: 1
Location: 3
Expires: 03-31-2016

Domestic Profit Corporation

ADZAM, INC.
DOUG'S LYNNWOOD MAZDA
22130 HIGHWAY 99
EDMONDS WA 98026 8042

TAX REGISTRATION
INDUSTRIAL INSURANCE
MINOR WORK PERMIT
MOTOR VEHICLE DEALER #2875

UNEMPLOYMENT INSURANCE

DUTIES OF MINORS:
Answer phones wash cars, filing

LICENSING RESTRICTIONS:
Court permission and a variance from L&I is required to hire minors under the age of 14 in non-agriculture jobs. Call 360-902-5316 or email teensafety@Lni.wa.gov for information.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith
Director, Department of Revenue

Apr. 1. 2015 3:31PM No. 8036 P. 4

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Disclosure Agreement Application

Use this form to apply for access to vehicle/vessel records or information. Once completed, mail or fax it to:

Public Disclosure
Department of Licensing
PO Box 2957
Olympia WA 98507-2957

Fax: (360) 570-7895

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information. There is no guarantee you will be provided the information. We release information in accordance with the federal Driver Privacy Protection Act (DPPA), and Washington State laws. The DPPA restricts redisclosure of personal information obtained from vehicle records. An authorized recipient may only redisclose information for a permitted use.

NOTICE: Effective January 1, 2014 there will be a $2.00 fee for each record accessed through IVIPS

1 **PRINT OR TYPE** Method of access you are requesting

- ☒ Internet Vehicle/Vessel Information Processing System (IVIPS) *(Individual record inquiries)* **(360) 359-4001**
- ☐ Secure data transfer **(360) 902-3673**
- ☐ Electronic Lender Transaction (ELT) **(360) 902-3708** **Service bureau name:** _____

Company/Agency name: Affordable Auto Sales + Service		
Contact name: Robert Botta	(Area code) Telephone number: (503)393-0242	(Area code) Fax number: (503)983-9025
Contact name 2 (If applicable)	(Area code) Telephone number	email
Contact name 3 (If applicable)	(Area code) Telephone number	email
Physical address of business (Number and street): 7096 Portland Rd		
City: Salem	State: OR	ZIP code: 97305
Mailing address of business (If different): PO Box 9194		
City: Brooks	State: OR	ZIP code: 97305
email: SalemAutoService_1@Hotmail.com	website: Affordablewholesaleautos.com	

You are required to provide one of the items below

Tax Identification Number (TIN) [redacted] 6a

Federal Employer Identification Number (EIN) _____

Washington State Unified Business Identifer (UBI) _____

Agency Use Only

Account number _____ ☐ New account ☐ Renewal ☒ Reapply

☐ Approved ☐ Denied ☒ Cancelled ☐ Misuse

2 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name:
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☒ Transporter
- ☐ Union (non-profit)
- ☒ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names:
- ☐ Other (explain)

3 Provide a detailed explanation of your primary business activity (exactly what your business does).

Sell vehicles wholesale and retail.

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Need to obtain registered owner, lienholder, and title brand information on vehicles coming to us from Washington.

5 Redisclosure and/or selling of information

Will you redisclose or sell the information to anyone else? ..... ☐ Yes ☒ No

If yes, which will you do? ..... ☐ Sell ☐ Provide to others

If yes, to whom will you provide the information? Be specific, list all recipients.

If yes, how do you ensure they have a permitted use under the DPPA and Washington State law? Be specific.

If yes, how will you supply the information? Describe.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, how is contact made? Describe.

Letter by mail.

If yes, describe or provide an example of why you would contact them.

We would only do this if we were missing docs necessary to transfer title in Oregon.

7 Check all that apply

☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license.
- any/all professional licenses that you possess.

☒ **I represent a business outside Washington State.** If your business is not required to be licensed in the State of Washington, attach a legible copy of either:
- your current business license.
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license.
- any/all professional licenses that you possess.
- registration for county jurisdictions.

☐ **I represent a government agency.** Attach a statement that the information you receive will be used solely for carrying out official agency functions. Print agency name:

_____

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I am an attorney.*** Attach legible copies of:
- your current business license.
- your current bar card.

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license.
- your current business license.

***Whenever the name or address of an individual vehicle owner is provided to an attorney or private investigator, we will notify the vehicle owner that the information has been provided.** RCW 46.12.635(4)

8 Answer the following

Have you attached all the required documents that apply to this Vehicle/Vessel Disclosure Agreement Application? ☒ Yes ☐ No

Do you agree not to divulge any of the information we provide you to any third party that has not been disclosed on this Agreement Application? ☒ Yes ☐ No

Do you agree not to use the information for any purpose other than what is stated on this Agreement Application, or approved by us, not to sell the information, and that the information will not be used for commercial purposes by you or by any other individual or organization? ☒ Yes ☐ No

Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact with a person named in the disclosed information? "Unsolicited business contact" means a contact that is intended to result in, or promote the sale of any goods or services to a person named in the disclosed information. ☒ Yes ☐ No

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Robert Botta
PRINT or TYPE Name

CEO
Title

7096 Portland Rd | PO Box 9194
Address

Salem, OR 97305 | Brooks, OR 97305
City, State, ZIP code

3-4-14 Salem, OR
Date and place

X
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

VEHICLE DEALER CERTIFICATE

DA0251

EFFECTIVE: JANUARY 1, 2012 ***EXPIRES: DECEMBER 31, 2014***

Issued To:

SALEM AUTO SERVICE INC
DBA: AFFORDABLE AUTO SALES & SERVICE
7096 PORTLAND RD NE
SALEM OR 97305

This business is authorized to engage in buying, selling, or dealing in new or used vehicles in the state of Oregon under the provisions of ORS 822.020, and to exercise privileges granted by certificate under the provisions of ORS 822.040.

To be valid, this certificate must be prominently posted at the business address listed above and is not valid at any other location. It is not valid if expired, revoked, canceled or suspended, under the provisions of ORS 822.045 and ORS 822.050.

Driver and Motor Vehicle Services
Department of Transportation
Salem OR 97314

**** ALTERATION, MUTILATION OR ERASURE WILL VOID CERTIFICATE ****

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov.**

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☒ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☒ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

Affordable Auto Rental & Sales

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Keith Carpenter			
(Area code) Phone number	**Email** *(required for IVIPS and Bulk records)*	(Area code) Phone number	**Email** *(required for Bulk records)*
(509) 534-4381	info@shopaars.com		

Physical address of business *(Number and street, City, State, ZIP code)*

1809 E Mission Ave. Spokane WA 99202

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			602921673

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

Affordable Auto is a vehicle/vessel dealer. We take trade-in vehicles and need to verify the registered owners/lienholders on file with the DOL.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☑ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Affordable Auto is a vehicle/vessel dealer. We take trade-in vehicles and need to verify the registered owners/lienholders on file with the DOL. We will periodically check IVIPS to verify current customers information to aid in the recovery of our vehicles in the event of a repossession.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

N/A

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

Information obtained will never be printed out and the IVIPS access will be limited to one user to ensure that no personal information is disclosed.

How will you provide the information to recipients? Explain.

Information will not be provided to anyone outside Affordable Auto Rental & Sales.

6 Owner contact

Will you contact the vehicle/vessel owner? ☐ Yes ☑ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

☑ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

GM
Title

11-13-14 Spokane
Date and place (county) signed

X _____
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

STATE OF WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 602 921 673
Business ID #: 1
Location: 1
Expires: 05-31-2015

Domestic Limited Liability Company

AFFORDABLE AUTO RENTAL & SALES, LLC
1809 E MISSION AVE
SPOKANE WA 99202 2623

TAX REGISTRATION
INDUSTRIAL INSURANCE
MINOR WORK PERMIT
RENTAL CAR REGISTRATION (R60615)

MOTOR VEHICLE DEALER #7411
UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS:
SPOKANE GENERAL BUSINESS #T12070144BUS

DUTIES OF MINORS:
Janitorial, car washing, etc.

LICENSING RESTRICTIONS:
The regular driving of motor vehicles by minors is prohibited.
WAC 296-125-030 (2)
Court permission and a variance from L&I is required to hire minors under the age of 14 in non-agriculture jobs. Call 360-902-5316 or email teensafety@Lni.wa.gov for information.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel On-line Access Contract Application–IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to **Adobe Reader** XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895

Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at **dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Blinker Direct LLC			Website blinker.com
Contact name. Primary applicant and contract manager Deb LaMarine	(Area code) Telephone number (303) 202-3052		Email (required) deb@blinker.com
Contact name 2 (if applicable)	(Area code) Telephone number		Email (required)
Physical address of business (number and street) 1675 Larimer St #300			
City Denver		State CO	ZIP code 80202
Mailing address of business (if different) PO BOX 1678			
City Denver		State CO	ZIP code 80201

Provide **one** of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
		6a	

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Verification of Motor vehicle ownership before listing a vehicle for sale on our website.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

No. No, we will not disclose the information and will not contact the owner.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

8/4/16 Denver
Date and place (county) signed

Deb LaMarine
PRINT or TYPE Name
X
Signature of business or organization representative

Authorities:
Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name Blinker Direct LLC		
Address, City, State, ZIP code 1675 Larimer St #300 Denver CO 80202		
Contact name Deb LaMarine	(Area code) Telephone number (303) 202-3052	Email deb@blinker.com
Providing information Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☑ No		
Subscriber's permissible use Motor vehicle ownership verification before listing vehicle for sale on our website		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

blinker

PO Box 1678
Denver, Colorado 80201

303 202 3050
blinker.com

August 4, 2016

Vehicle Records Disclosure Unit

Department of Licensing

Po box 2957

Olympia WA 98507

To Whom It May Concern:

This is to authorize Deb Lamarine, Title Specalist for Blinker Direct LLC, acting as agent for same.

EIN # [redacted]

Thank you

Adrianne Godart

Authorized Representative

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel On-line Access Contract Application–IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to **Adobe Reader** XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895

Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at **dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name US Forest Service Mt. Hood National Forest			Website
Contact name. Primary applicant and contract manager Claire Pitner	(Area code) Telephone number (541) 352-1248		Email (required) cpitner@fs.fed.us
Contact name 2 (if applicable) Jen Wade	(Area code) Telephone number (503) 668-1792		Email (required) jenniferwade@fs.fed.us
Physical address of business (number and street) Hood River Ranger District 6780 Hwy 35			
City Parkdale		State OR	ZIP code 97041
Mailing address of business (if different)			
City		State	ZIP code

Provide **one** of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
	6a		

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

US Forest Service manages public lands for multiple uses including recreation. This service will be used to process federal violation notices in accordance with 36 CFR 261 under 16 USC 551 and 559 (for failure to pay fees at recreation fee sites).

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

Yes - personal information will be provided to the Central Violations Bureau and the US Attorneys Office. The owner will be contacted via Violation Notice in the mail.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee. Contract holders are invoiced monthly.

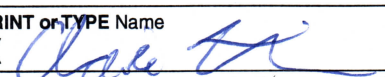
Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

July 25, 2016 Hood River County
Date and place (county) signed

Claire Pitner
PRINT or TYPE Name

X 
Signature of business or organization representative

Authorities:
Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No		
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicabl [redacted] 13a

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

Idaho Transportation Department - Division of Motor Vehicles

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Amy Smith, Vehicle Services Manager			
(Area code) Phone number	**Email** *(required for IVIPS and Bulk records)*	(Area code) Phone number	**Email** *(required for Bulk records)*
(208) 334-8660	amy.smith@itd.idaho.gov		

Physical address of business *(Number and street, City, State, ZIP code)*

3311 W. State St Boise, ID 83703

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

PO Box 7129 Boise, ID 83707-1129

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) [redacted] 6a	WA Unified Business Identifier (UBI)

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

Idaho Division of Motor Vehicles, issue motor vehicle titles, research records for further information as necessary. Audit and investigate motor vehicle dealers. Determine ownership issues on vehicles without titles, and bills of sale, to ensure Idaho title records are accurate.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☑ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name:
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names:
- ☑ Other (explain)
  Idaho Division of Motor Vehicles - title issuance, dealer auditing and investigation

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Idaho Division of Motor Vehicles process title applications for vehicle owners, many come from out of state, some have questionable ownership documents, or title brands, odometer readings, DMV researches records from other states to ensure proper chain of ownership or brands prior to issuing an Idaho Certificate of Ownership, (title). DMV is also responsible for licensing dealerships and salesman, for which we enforce compliance, through auditing, investigation of consumer complaints, odometer issues.

Idaho DMV also provides title and registration records free of charge to other state DMVs for the same purposes listed above, to ensure accurate information on titles prior to issuance of title certificates.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☑ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

This happens on occasion when release of interest in a vehicle occurs, where the bill of sale, or previous physical titles are not in the possession of the person applying for title. This ensures the vehicle has been sold, not stolen, and gives DMV the ability for proper chain of ownership, requiring previous owners who haven't titled as required to pay title fees, and state taxes as required by Idaho law. Investigators also audit Idaho dealers to ensure records are present, and accurate and comply with Idaho's laws.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☑ Yes ☐ No

8 Check all that apply

☑ **I represent a government agency.** Agency name: Idaho Transportation Department - DMV

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☑ Yes ☐ No

☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller –** attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Vehicle Services Manager
Title

June 24, 2016 - Ada County, Idaho
Date and place (county) signed

X Amy Smith
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

IDAHO TRANSPORTATION DEPARTMENT
Division of Motor Vehicles
P.O. Box 7129 • Boise ID 83707-1129
dmv.idaho.gov

June 29, 2016

Washington DOL
IVIPS Processing

The following is a list of Idaho Transportation Department, Division of Motor Vehicle Employees who will be requesting information from Washington DMV records, for purposes of researching motor vehicle title issues, such as ownership, odometers, brands, etc., prior to issuing an Idaho title. Motor Vehicle Investigators will also be researching records for dealer audits and investigations. Enclosed is the previous list of users submitted by the department for accessing records, typically by phone calls.

Brian Goeke, Dealer Operations/Motor Vehicle Investigations Supervisor
Brian.goeke@itd.idaho.gov

Brendan Floyd, Motor Vehicle Investigator Lead Worker
Brendan.floyd@itd.idaho.gov

Rick Ouellette, Motor Vehicle Investigator
Rick.ouellette@itd.idaho.gov

Adrian Lindsay, Motor Vehicle Investigator
Adrian.lindsay@itd.idaho.gov

Kris Branner, Motor Vehicle Investigator
Kris.branner@itd.idaho.gov

Pat Henderson, Motor Vehicle Investigator
Pat.henderson@itd.idaho.gov

Randy Squires, Motor Vehicle Investigator
Randy.squires@itd.idaho.gov

Thea Wilcox, Motor Vehicle Investigator
Thea.wilcox@itd.idaho.gov

Steve Allen, Motor Vehicle Investigator
Steve.allen@itd.idaho.gov

Barry Takeuchi, Titles Program Specialist
Barry.takeuchi@itd.idaho.gov

Chris Fisher, Registration Program Specialist
Chris.fisher@itd.idaho.gov

Sharon Griffin, Registration Unit Supervisor
Sharon.griffin@itd.idaho.gov

Debbie Whitefield, Titles Unit Supervisor
Debbie.whitefield@itd.idaho.gov

Jeff Oien, Titles Unit Supervisor
Jeff.oien@itd.idaho.gov

Barbara Kerr, Titles Unit Supervisor
Barbara.kerr@itd.idaho.gov

None of the information obtained from Washington records will be released or resold to others. It is strictly for internal use in determining vehicle titling and dealer audits.

Sincerely,

Amy Smith

Amy Smith
Vehicle Services Manager

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel On-line Access Contract Application–IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to **Adobe Reader** XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895

Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at **dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name: WASHINGTON AUTO LOAN HOUSE			Website: WASHINGTONAUTOLOANHOUSE.COM
Contact name. Primary applicant and contract manager: Amit Kamran	(Area code) Telephone number: 206 660 7859		Email (required): dealer2app@gmail.com
Contact name 2 (if applicable): Bharti Kamran	(Area code) Telephone number: 206 310 9102		Email (required): bhartikamran@live.com
Physical address of business (number and street): 8953 Aurora Ave N.			
City: Seattle		State: WA	ZIP code: 98103
Mailing address of business (if different): 9737 Palatine Ave N.			
City: Seattle		State: WA	ZIP code: 98103

Provide **one** of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			603-614-152

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

We are a auto dealer. We are going to use this service to double check the registered owners + lien holders on the vehicle.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

NO WILL NOT DO ANY OF THOSE.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- ***Non-profit organization or corporation*** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

7/5/16 King
Date and place (county) signed

Amit Kamra
PRINT or TYPE Name

X
Signature of business or organization representative

Authorities:
Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name
SANVI CORP DBA WASHINGTON AUTO LOAN HOUSE

Address, City, State, ZIP code
8953 AURORA AVE N.

Contact name	(Area code) Telephone number	Email
Amit Kamra	206 588 1237	dealerzapp@gmail.com

Providing information
Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☒ No

Subscriber's permissible use

2 Legal business name

Address, City, State, ZIP code

Contact name	(Area code) Telephone number	Email

Providing information
Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No

Subscriber's permissible use

3 Legal business name

Address, City, State, ZIP code

Contact name	(Area code) Telephone number	Email

Providing information
Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No

Subscriber's permissible use

4 Legal business name

Address, City, State, ZIP code

Contact name	(Area code) Telephone number	Email

Providing information
Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No

Subscriber's permissible use

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Elisa Miller			
(Area code) Phone number	**Email** *(required for IVIPS and Bulk records)*	(Area code) Phone number	**Email** *(required for Bulk records)*
(206) 826-7606	elisam@salalcu.org		

Physical address of business (Number and street, City, State, ZIP code)

1515 Dexter Ave N Seattle, WA 98109

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

PO BOX 19340, Seattle WA 98109-1340

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
		6a	601133761

2 Provide a detailed explanation of your primary business activity (exactly what your business does)

Credit Union that does auto lending

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☑ Business
- ☐ Commercial parking company
- ☑ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☑ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

-To verify lienholder information
-Verify we have been perfected on title
-Verify registered owners

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☑ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

- If title has not been perfected within reasonable timeframe
-If title has not been released for refinances and purchases

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? . . . . . ☐ Yes ☐ No

☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller –** attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Retail Support Sr. Manager
Title

10/17/16, King County
Date and place (county) signed

X
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at **https://fortress.wa.gov/dol/ivipsprod/.**

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Salal Credit Union	Elisa Miller	elisam@salalcu.org	(206) 826-7606
	Address, City, State, ZIP code: 1515 Dexter Ave N, Seattle, WA 98109		Subscriber's permissible use: Registered owner verification lienholder information	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☑ No			
2	Salal Credit Union	Natasha Talavera	natashat@salalcu.org	(206) 826-7680
	Address, City, State, ZIP code: 1515 Dexter Ave N, Seattle, WA 98109		Subscriber's permissible use: Registered owner verification lienholder information	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☑ No			
3	Salal Credit Union	Jaclyn Burdette	jaclynb@salalcu.org	(206) 826-7644
	Address, City, State, ZIP code: 1515 Dexter Ave N, Seattle, WA 98109		Subscriber's permissible use: Registered owner verification lienholder information	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☑ No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Washington State Department of Revenue
State Business Records Database Detail

TAX REGISTRATION NO : 601133761
UBI : 601133761
ENTITY NAME : SALAL CREDIT UNION
BUSINESS NAME :

ACCOUNT OPENED : 1/1/2006 12:00:00 AM
ACCOUNT CLOSED : OPEN

MAILING ADDRESS :
115 15TH AVE E
SEATTLE, WA 98112-5614

BUSINESS LOCATION :
115 15TH AVE E
SEATTLE, WA 98112-5209

ENTITY TYPE : CORPORATION

RESELLER PERMIT NO: N/A
PERMIT EFFECTIVE: N/A
PERMIT EXPIRES: N/A

NAICS CODE : 522130
NAICS DEFINITION CREDIT UNIONS

FOR NON-COMMERCIAL USE ONLY

5/18/2016 4:09 PM

Online annual report filing for profit corporations and LLCs will be **unavailable from May 25 to June 5**. Be sure to file your annual report before that time! Read more... (/corps/BLS-Online-Reporting-Unavailable-May-25-to-June-5.aspx)

SALAL CREDIT UNION

UBI Number	601133761
Category	CRU
Profit/Nonprofit	Nonprofit
Active/Inactive	Active
State Of Incorporation	WA
WA Filing Date	12/10/1948
Expiration Date	
Inactive Date	
Duration	Perpetual
Registered Agent Information	
Agent Name	
Address	
City	
State	
ZIP	
Special Address Information	
Address	C/O W A MACCOLL MD 115 15TH E
City	SEATTLE
State	WA
Zip	98112

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

Luxury Auto Plex LLC

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Misty Oki			
(Area code) Phone number	Email *(required for IVIPS and Bulk records)*	(Area code) Phone number	Email *(required for Bulk records)*
(971) 255-2606	mistyoki@yahoo.com		

Physical address of business (Number and street, City, State, ZIP code)

3515 NE Sandy Blvd Portland, OR 97232

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

8659 SW 168th Ave, Beaverton, OR 97007

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
	[redacted] 6a		

2 Provide a detailed explanation of your primary business activity (exactly what your business does)

Used Car Dealership

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

We would like to have a way to verify that our customers have completed their vehicle registration and that liens have been perfected on titles.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? . . . . . ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? . . . . . ☑ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

We would contact the owner if they have not made it in to complete their registration. We would contact them by phone first, then by mail if no response from phone. We would only use the system to verify transactions on our own customers.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? . . . . . ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? . . . . . ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? . . . . . ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? . . . . . ☐ Yes ☐ No

☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☑ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller –** attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Office Manager
Title

6/9/2016
Date and place (county) signed

X
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

TAX # [redacted] 6a

VEHICLE DEALER CERTIFICATE

SUPPLEMENTAL

DA3829

EFFECTIVE: DECEMBER 11, 2014 ***EXPIRES: JUNE 30, 2016***

Issued To:

LUXURY AUTO PLEX LLC
3515 NE SANDY BLVD
PORTLAND OR 97232

This business is authorized to engage in buying, selling, or dealing in new or used vehicles in the state of Oregon under the provisions of ORS 822.020, and to exercise privileges granted by certificate under the provisions of ORS 822.040.

To be valid, this certificate must be prominently posted at the business address listed above and is not valid at any other location. It is not valid if expired, revoked, canceled or suspended, under the provisions of ORS 822.045 and ORS 822.050.

Driver and Motor Vehicle Services
Department of Transportation
Salem OR 97314

** ALTERATION, MUTILATION OR ERASURE WILL VOID CERTIFICATE **

DMV

DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OR 97314

MEMORANDUM RECEIPT

MR 074668

STATEMENT OF FEES - NOT A LICENSE TO DRIVE

NAME: Luxury Auto Plex LLC

ADDRESS: 8659 SW 168th Ave

FAX NUMBER: ( ) Beaverton OR 97007

PLATE NUMBER: DA 3829

YEAR AND MAKE OF VEHICLE:

VEHICLE IDENTIFICATION NUMBER: Supp. 3515 NE Sandy Blvd

DRIVER LICENSE NUMBER: Portland OR 97232

DATE OF BIRTH:

SR 22 CERTIFICATE POLICY #

EFFECTIVE DATE | INSURANCE COMPANY

DESCRIPTION	AMOUNT RECEIVED	
ISSUED: ☐ TITLE ☐ PLATES ☐ TRIP PERMIT ☐ STICKERS		
VIN INSPECTION		
REINSTATEMENT / HARDSHIP FEE		
CDL TEST FEE: ☐ CORE ☐ AB ☐ SB ☐ PASS ☐ HAZ ☐ TNK ☐ DBL / TPL		
DRIVE TEST FEE: ☐ REG-C ☐ A ☐ B ☐ C		
RECORD PURCHASE: ☐ CP CRT PRNT ☐ Non-C 3 YR ☐ EMP 3 YR ☐ VEH ☐ LOA ☐ POA ☐ RECORD MAILED ☐ RECORD PICKUP HQ ☐ MQ CP ☐ FAXED		
OTHER: Renew dealers Lic/plates	1819	-
☐ CASH ☐ CHECK **TOTAL** ➡	1819	-

DATE AND COUNTER NUMBER: 6/6/16 75

RECEIVED BY: AK

WHITE COPY -- CUSTOMER

735-690 (1-15)

STK# 305322

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

Chicago Title

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Christy Knox			
(Area code) Phone number	Email *(required for IVIPS and Bulk records)*	(Area code) Phone number	Email *(required for Bulk records)*
(425) 259-8974	christy.knox@ctt.com		

Physical address of business (Number and street, City, State, ZIP code)

3002 Colby Avenue #200, Everett, WA 98201

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			153-001-271

2 Provide a detailed explanation of your primary business activity (exactly what your business does)

We are an escrow closing company and do mobile home title elimination/transfer processing when applicable on a file.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☑ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

We need to be able to have access to DOL records to confirm registered and legal owners on the mobile home titles so we can prepare the proper DOL documents to complete in our closing transactions.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? . . . . . ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? . . . . . ☑ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

We would contact the owner of record to signoff on appropriate DOL documents to complete either the title elimination or title transfer.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? . . . . . ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? . . . . . ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? . . . . . ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

☑ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

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IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

LPO and Assistant Vice President
Title

5/26/16 Everett, WA
Date and place (county) signed

x Christy M. Knox
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
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- Contact us
- Forms
- About us

- Home
- Start your business
- Change or update your business information
- How to renew your license

Search Business Licenses

License Information:

Entity Name: CHICAGO TITLE COMPANY OF WASHINGTON
Business Name: CHICAGO TITLE
License Type: Washington State Business
Entity Type: Profit Corporation
UBI: 153001271 Business ID:001 Location ID:0011
Status: To check the status of this company, go to Secretary of State and Department of Revenue.

Location Address:
3002 COLBY AVE STE 200
EVERETT, WA, 98201-4080

Mailing Address:
1801 W BAY DR NW STE 206
OLYMPIA, WA, 98502-4311

View Additional Locations

Registered Trade Names:	Status	Expires	First Issued	Gover
CHICAGO TITLE	Active	N/A	09/10/2010	DANIEL
CHICAGO TITLE COMPANY, ISLAND DIVISION	Active	N/A	04/04/2003	JAMES MICHAE
MERIDIAN CONTRACT SERVICES	Active	N/A	11/22/1996	RAYMO

Pacific Time

New Search

This site is limited to searching for business licenses issued through the Washington State Business Licensing Service.

- Contact us
- Forms
- About us
- Privacy

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City of Everett
General Business License

City Clerk's Office
2930 Wetmore Avenue
Everett, WA 98201
(425) 257-8610

License Number: 018117

Licensee: CHICAGO TITLE INSURANCE CO
3002 COLBY AVE STE 200
EVERETT WA 98201

Sharon Marks
City Clerk

Issued under Title 3 of the City of Everett Municipal Code
This license must be posted conspicuously at your place of business.

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

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1 Method of access you are requesting

☐ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☒ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☑ Regular

PRINT or TYPE Company/Agency name: Olympic Title of Mason County, LLC

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Caroline Rich		Caroline Rich	
(Area code) Phone number	**Email** *(required for IVIPS and Bulk records)*	(Area code) Phone number	**Email** *(required for Bulk records)*
3604261627	criche@olympictitlecompany.com	Same	

Physical address of business *(Number and street, City, State, ZIP code)*: 215 W Railroad Ave Shelton WA 98584

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*: PO Box Z Shelton WA 98584

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			603 574 257

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

escrow services that involve real estate and Mobile home transfers

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☒ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☒ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

to verify legal and registered ownership in Mobile home transactions

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

we would only contact them if we were under Contract as the escrow Agent

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller –** attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Limited Practice Officer
Title

5-23-16 Mason Co.
Date and place (county) signed

x _____
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

STATE OF
WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 603 574 257
Business ID #: 1
Location: 1

Domestic Limited Liability Company

OLYMPIC TITLE OF MASON COUNTY, LLC
OLYMPIC TITLE AND ESCROW
215 W RAILROAD AVE
SHELTON WA 98584 3540

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:
OLYMPIC TITLE AND ESCROW

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☒ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☒ Periodic ☐ Regular

PRINT or TYPE Company/Agency name: Quad Cities Nissan

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Gayle Rossebo			
(Area code) Phone number	Email *(required for IVIPS and Bulk records)*	(Area code) Phone number	Email *(required for Bulk records)*
208-301-6171	GayleR@QuadCitiesNissan.com		

Physical address of business *(Number and street, City, State, ZIP code)*: 525 W 3rd St Moscow ID 83843

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*:

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
		[redacted] 6a	

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

We are a Dealership, we sell cars and also have a Parts and Service Department

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☒ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☒ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

We need vehicle/vessel information for proof of leinholder information. I have attached a lienholder request in witch case we could access the online portal and be able to avoid filling out the form and mailing it out and allowing 10 days for a response.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☒ Provide ☐ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain. We would provide the information to the legalowner/leinholder as proof of placement as the lienholder.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☒ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

Westlake
FINANCIAL SERVICES

FAX

TO:	FROM:
SEAN KEALEY	Westlake Title Department
FAX:	FAX:
2088833444	(877) 854-5682
PHONE:	PHONE:
2083016171	(888) 211-6010
SUBJECT:	DATE:
Validated Registration - 9773152	05/17/2016

COMMENTS:

May 17, 2016

Account: 9773152
Customer Name: HERRERA JENNIFER

Dear Westlake Dealer:

We have received your VR/Proof of Lien fax. Unfortunately, we cannot process the VR because it is incomplete or incorrect.

Please make the following corrections and refax the VR/Proof of Lien to (877) 854-5682:

Vehicle Title App/Reg. Certificate,Online Registration, or IVIPS Confirmation needed

Sincerely,

Westlake Title Department

You are receiving this fax/email as a registered Westlake Dealer. To be removed from our notification list, please call 1(888) 893-7937 and leave your dealership name and fax number OR fax 1 (888) 267-1056 ATTN: Marketing with your dealership name and fax number. Should you choose to opt-out you will no longer receive rate sheets, policy and program changes, contact information or any other materials deemed "promotional" by Westlake Financial Services. Westlake Financial Services, 4751 Wilshire Blvd., Suite 100, Los Angeles, CA 90010

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? . . . . . ☐ Yes ☐ No

☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☒ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller –** attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Controller
Title

5/17/16
Date and place (county) signed

x [signature]
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

ITD3177 (Rev. 12-09)

Idaho Transportation Department
VEHICLE / VESSEL DEALER LICENSE

License Number: 4884-0
Issue Date: 11-10-2015 Expiration Date: 07-31-2016
Sales Tax Permit Number: 004657840
Surety Company: WESTERN SURETY COMPANY
Bond Amount: $20,000 Bond Number: 71689698
Owners/Officers: RUSSELL, CHRISTOPHER M

The dealer listed has met the requirements of Idaho Code Title 49, Chapter 16, and is authorized to engage in the business of selling or exchanging the following types of vehicles:

NISSAN, ANY USED VEHICLE OR VESSEL

DBA
Dealership Name: QUAD CITIES NISSAN
Dealership Location: 525 W 3RD ST
Mailing Address: 525 W 3RD ST
MOSCOW
ID 83843

PHONE/FAX: 801-230-9146

MUST BE POSTED IN PUBLIC VIEW

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 06-02-2015

Employer Identification Number:
6a

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

CR AND S HOLDINGS LLC
QUAD CITIES NISSAN
% CHRIS M RUSSELL SOLE MBR
532 W 3RD ST
MOSCOW, ID 83843

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 6a This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	10/31/2015
Form 940	01/31/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov.**

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

ADESA Portland

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Theresa Ouderkirk			
(Area code) Phone number	Email *(required for IVIPS and Bulk records)*	(Area code) Phone number	Email *(required for Bulk records)*
(503) 492-9200	theresa@brashers.com		

Physical address of business *(Number and street, City, State, ZIP code)*

23585 NE Sandy Blvd Wood Village, Or 97060

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
		6a	

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

Auto Auction Services

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☑ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☑ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

To verify vehicle registered owner information
To verify registered leins on vehicles

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☑ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☑ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

OFFICE MANAGER
Title

APRIL 28, 2016 MULTNOMAH
Date and place (county) signed

X THERESA OUDERKIRK
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at **https://fortress.wa.gov/dol/ivipsprod/**.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... ☐ Yes ☐ No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... ☐ Yes ☐ No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... ☐ Yes ☐ No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... ☐ Yes ☐ No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... ☐ Yes ☐ No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... ☐ Yes ☐ No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... ☐ Yes ☐ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

ADESA Portland
23585 NE Sandy Blvd
Wood Village, OR 97060
503-492-9200 f 503-492-0115

To: Washington State Department of Licensing

April 28, 2016

Re: Authorized Representative for ADESA Portland IVIPS account
EIN [redacted]

Please accept this as our authorization for Theresa Ouderkirk to act as the agent for our IVIPS account.

Thank You,

Jerry Hinton 503-492-9200
ADESA Portland
General Manager

Kearns Investigations, Inc.

31811 Pacific HWY. S. Suite B-406
Federal Way, WA 98003
(206) 256-6452 • f ~~(206) 429-3789~~
Email: kearns@oz.net

FAX ~~(206) 429-3789~~

DATE: 4-18-16 TIME: _____
TO: IVIPS FROM: Georgia
RE: Contract
Number of pages including cover sheet: 11
Please acknowledge reciept of FAX: YES ____ NOT NECESSARY ✓
If you experience any problems with this transmission please contact, (206) 256-6452.

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☒ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicabl [redacted 13a]

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☒ Periodic ☐ Regular

PRINT or TYPE Company/Agency name: KEARNS INVESTIGATIONS, Inc

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
GEORGIA G. KEARNS			
(Area code) Phone number	**Email** *(required for IVIPS and Bulk records)*	(Area code) Phone number	**Email** *(required for Bulk records)*
206-256-6452	KEARNS@oz.net		

Physical address of business (Number and street, City, State, ZIP code): 1524 S. 328th E403 Federal Way, WA 98003

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*: 31811 Pacific Hwy S. Suite B-406 FEDERAL WAY, WA. 98003

Provide **one** of these identifiers:	[redacted 6a]	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			601 003 344

2 Provide a detailed explanation of your primary business activity (exactly what your business does)

INVESTIGATIONS For CLIENTS, Attorneys OR Businesses FOR LEGAL Purposes

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☒ Private investigator
- ☒ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

To LOCATE A Current Address FOR SERVICE of LEGAL PAPERS

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ...OCCASIONALLY... ☐ Sell ☐ Provide ☐ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

To ATTORNEY CLIENT if Legal Process Svc has been made AT Request of CLIENT.

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws? LEGAL PAPERS for service List Court issuing PAPERS, CASE # And PARTICULARS of CASE

How will you provide the information to recipients? Explain.

Copy of Notarized Aff. of Svc. Will be provided To Attorney Client

6 Owner contact

Will you contact the vehicle/vessel owner? ONLY To Serve Legal Process ☑ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

Service of Process

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? . . . . . ☐ Yes ☒ No

☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☒ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☒ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

President - Owner
Title

4-15-16 King County, WA
Date and place (county) signed

X Georgia S. Kearns
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

IVIPS Use and Disclosure Contract
Attachment B
User/Access Request

It is the Contractor's responsibility to:

a. Read and review the IVIPS Use and Disclosure Contract with each employee listed
b. Instruct employees not to disclose or share User Sub-Account numbers and passwords and
c. Notify DOL in writing within 3 business days of any changes to the Contact information (i.e. business owner, business address, phone number, Contract Contact, employee eligibility or if an employee with access leaves employment).

Failure to comply with the above may result in immediate access termination or termination of this Contract.

TYPE or PRINT Business name	IVIPS account number
Kearns Investigations, Inc.	13a

1. **TYPE or PRINT** Employee name Georgia G. Kearns	User sub-account number 13a
2. Employee name Barbara L. Gaylord	User sub-account number 13a
3. Employee name	User sub-account number
4. Employee name	User sub-account number
5. Employee name	User sub-account number
6. Employee name	User sub-account number
7. Employee name	User sub-account number
8. Employee name	User sub-account number
9. Employee name	User sub-account number
10. Employee name	User sub-account number
11. Employee name	User sub-account number
12. Employee name	User sub-account number
13. Employee name	User sub-account number
14. Employee name	User sub-account number
15. Employee name	User sub-account number
16. Employee name	User sub-account number
17. Employee name	User sub-account number
18. Employee name	User sub-account number
19. Employee name	User sub-account number
20. Employee name	User sub-account number

This form may be duplicated.

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King County

Records and Licensing Services Division
Department of Executive Services
King County Administration Building
500 Fourth Avenue, Room 403
Seattle, WA 98104-2337
206-296-2710 Fax 206-296-4029 TTY Relay: 711

2016/2017

Process Server Registration

Fee: $10.00

License No. 437670

Receipt No. 3555695
Date pd: 2/24/2016
Issued: 2/24/2016

Expires: 3/7/2017

Licensee: Georgia Gail Kearns

Company KEARNS INVESTIGATIONS

Address: 31811 Pacific Hwy South Suite B-406
Federal Way, WA 98003

Not Transferable - Post Conspicously At Location

0667 (6/09)

2016/2017

King County

Records and Licensing Services Division
500 Fourth Avenue, Room 403, Seattle, WA 98104-2337 ❖ 206-296-2710

2016/2017

Process Server Registration

Expires: 3/7/2017

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Date pd: 2/24/2016
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Georgia Gail Kearns
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31811 Pacific Hwy South Suite B-406
Federal Way, WA 98003

King County

Records and Licensing Services Division
Department of Executive Services
King County Administration Building
500 Fourth Avenue, Room 403
Seattle, WA 98104-2337
206-296-2710 Fax 206-296-4029 TTY Relay: 711

2016/2017

Process Server Registration

Fee: $10.00 **License No.** 594386

Receipt No. 3555686
Date pd: 2/24/2016
Issued: 2/24/2016 **Expires:** 3/7/2017

Licensee: Barbara Ladelle Gaylord

Company KEARNS INVESTIGATIONS

Address: 31811 Pacific Hwy South Suite B406
Federal Way, WA 98003

Not Transferable - Post Conspicously At Location

0667 (6/09)

2016/2017

King County

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500 Fourth Avenue, Room 403, Seattle, WA 98104-2337 ❖ 206-296-2710

2016/2017

Process Server Registration

Expires: 3/7/2017 **Fee:** $10.00

Receipt No 3555686
Date pd: 2/24/2016
Issued: 2/24/2016
License No. 594386

Barbara Ladelle Gaylord
KEARNS INVESTIGATIONS
31811 Pacific Hwy South Suite B406
Federal Way, WA 98003

City of Seattle Customer #: 106517
State of Washington UBI #: 601003344
Tax period: Annual*
Tax Reporting: Separate

Expiration Date
12/31/2016

BUSINESS LICENSE TAX CERTIFICATE

2016

* Annual tax return due: Jan 31
IF you have not received a blank return within 20 days of a due date, contact the Licensing & Tax Administration office.

KEARNS INVESTIGATIONS INC
31811 PACIFIC HWY S # B-406
FEDERAL WAY, WA 98003

Not Transferable **Post Conspicuously**

Business License Tax Certificate
Expiration Date: 12/31/2016

THE CITY OF SEATTLE

Dept. of Finance and Administrative Services
700 5th Avenue Suite 4250
P.O. BOX 34214
Seattle WA 98124-4214
(206) 684-8484 Fax (206) 684-5170
email: tax@seattle.gov website: seattle.gov/licenses

2016

BUSINESS MAILING ADDRESS:

106517 000 11

KEARNS INVESTIGATIONS INC
31811 PACIFIC HWY S # B-406
FEDERAL WAY, WA 98003

State of Washington
Business Licensing Service

Office of the Secretary of State
Corporations Division

LEGAL ENTITY REGISTRATION

Unified Business ID #: 601 003 344
Business ID #: 1

Expires: 01-31-2017

KEARNS INVESTIGATIONS, INC.
31811 PACIFIC HWY S STE B406
FEDERAL WAY WA 98003 5646

Domestic Profit Corporation
Renewed by Authority of Secretary of State

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Secretary of State

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/8/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
InsuranceTek, Inc.
CA #0E32789
PO Box 70
Snohomish WA 98291-0070

CONTACT NAME: Raymond Dawson
PHONE (A/C, No, Ext): (888) 505-1555 **FAX (A/C, No):** (800) 521-1528
E-MAIL ADDRESS: Ray@Insurance-tek.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Western Heritage Ins Co	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Kearns Investigations, Inc.
31811 Pacific Hwy S
Federal Way WA 98003

COVERAGES **CERTIFICATE NUMBER:** CL1541445529 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] PROFESSIONAL E&O [X] BLANKET ADDL INSURED GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC			SCP0988600-725	6/1/2015	6/1/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PROFESSIONAL E&O	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ INCLUDED $ 1,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Verification of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Vicki Boser/JUDWIL Vicki L Boser

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The ACORD name and logo are registered marks of ACORD

STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON NAMED HEREON IS AUTHORIZED, AS PROVIDED BY LAW, AS AN

UNARMED PRIVATE INVESTIGATOR
PRINCIPAL

KEARNS INVESTIGATIONS INC
GEORGIA G KEARNS
31811 PACIFIC HWY S STE B
FEDERAL WAY WA 98003

Licensee Released -

Termination Date __/__/__

Cert/Lic No.	Issued Date	Expiration Date
1776	04/16/1992	01/31/2017

Pat Kohler
Pat Kohler, Director

PL-630-159 (R/6/13)

STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON NAMED HEREON IS AUTHORIZED, AS PROVIDED BY LAW, AS AN

UNARMED PRIVATE INVESTIGATOR

KEARNS INVESTIGATIONS INC
BARBARA L GAYLORD
31811 PACIFIC HWY S STE B
FEDERAL WAY WA 98003

Licensee Released -

Termination Date __/__/__

Cert/Lic No.	Issued Date	Expiration Date
176	07/20/1992	07/20/2016

Pat Kohler
Pat Kohler, Director

PL-630-159 (R/6/13)

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov.**

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1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☑ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

Lawyers Title Company/Commonwealth Land Title Insurance Company

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Nikki Dekterov			
(Area code) Phone number	**Email** *(required for IVIPS and Bulk records)*	(Area code) Phone number	**Email** *(required for Bulk records)*
(951) 774-0825	nikki.dekterov@ltic.com		

Physical address of business *(Number and street, City, State, ZIP code)*

3480 Vine Street Suite 100, Riverside, Ca. 92507

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN) [redacted] 6a	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

Title and Escrow Company for Real Estate Transactions

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☑ Other (explain)
  Title Insurance and Escrow company

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

to check Title Elimination for REO Real Estate Transactions

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☑ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

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☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

County Manager/Vice President
Title

4-8-16 Riverside County
Date and place (county) signed

X Kent Koepsell
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

AMENDED
No. 1215

Certificate of Authority

STATE OF WASHINGTON
INSURANCE COMMISSIONER
OLYMPIA

THIS IS TO CERTIFY, That

COMMONWEALTH LAND TITLE INSURANCE COMPANY
Omaha, Nebraska

organized under the laws of NEBRASKA *presented satisfactory evidence of compliance with the Insurance Code of the State of Washington and is therefore granted this Certificate of Authority, authorizing the company, subject to all provisions of this Certificate, to transact the following classes of insurance:*

Title

as such classes are now or may hereafter be defined in the Revised Code of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder being and remaining in full compliance with, and not in violation of, all of the applicable laws and lawful requirements made under authority of the laws of the State of Washington.

THIS CERTIFICATE will be automatically revoked upon failure to annually apply for renewal or pay the statutory fee for renewal.

THIS CERTIFICATE IS NOT TRANSFERABLE WITHOUT THE PRIOR WRITTEN CONSENT OF THE COMMISSIONER.

IN WITNESS WHEREOF, effective as of the 24th day of October, 1978, I have hereunto set my hand and caused my official seal to be affixed this 22nd day of August, 2006.

Mike Kreidler
Insurance Commissioner

By _____
Deputy Insurance Commissioner

Redomesticated from Pennsylvania to Nebraska.

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov.**

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

Ukrainain Federal Credit Union

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Tanya Dashkevich			
(Area code) Phone number	**Email** *(required for IVIPS and Bulk records)*	(Area code) Phone number	**Email** *(required for Bulk records)*
(585) 360-1733	tdashkevich@rufcu.org		

Physical address of business (Number and street, City, State, ZIP code)

1414 S 324th St #B108, Federal Way, WA 98003

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

824 East Ridge Rd, Rochester, NY 14621

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) [redacted] 6a	WA Unified Business Identifier (UBI)

2 Provide a detailed explanation of your primary business activity (exactly what your business does)

banking - lending, financing (commercial and personal vehicles)

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☑ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

We provide financing for commercial and consumer vehicles thus need to verify lien filing/title issuing status.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☑ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

We occasionally might need to contact our customers if liens are not recorded or if there are issues with title, etc. If lien is recorded and title is provided to us then we will not be contacting our customers.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

☑ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☑ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller –** attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

COO
Title

3/30/2016
Date and place (county) signed

X T. Ashmead
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

2552100063001

RECEIVED
MAR 05 2014
By

UKRAINIAN FEDERAL CREDIT UNION
824 E RIDGE RD
ROCHESTER NY 14621-1711

DETACH BEFORE POSTING

000063

STATE OF WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 603 376 768
Business ID #: 1
Location: 1

UKRAINIAN FEDERAL CREDIT UNION
11208 NE FOURTH PLAIN BLVD
VANCOUVER WA 98662 5769

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

New York State Department of Taxation and Finance

Exempt Organization Certificate

ST-119

(8/02)

RECEIVED
JUN 22 2005

The organization named below is exempt from payment of the New York State and local sales and use tax.

The number shown on this certificate must be entered on any Form ST-119.1, *Exempt Organization Exempt Purchase Certificate*, presented to a vendor. If this certificate is lost or destroyed, you may obtain a replacement by notifying the Exempt Organizations Unit.

This certificate will remain in effect unless it is revoked or canceled. Misuse of the authority granted under this certificate will result in the revocation of exempt status and subject the organization to substantial civil and criminal penalties.

UKRANIAN FEDERAL CREDIT UNION
824 RIDGE ROAD
ROCHESTER, NY 14621

Certificate number
EX 129722
Date issued
June 01, 1971

This certificate may not be altered, changed, lent, or transferred to another organization or person.

New York State Department of Taxation and Finance

New York State and Local Sales and Use Tax

Exempt Organization Exempt Purchase Certificate

ST-119.1
(7/02)

☐ Single purchase certificate

☐ Blanket certificate

Your exempt organization number is **not your federal employer identification number** *(see instructions).*

Exempt organization number *(6-digit number issued by the New York State Tax Department)*
EX- 1 2 9 7 2 2

Name of seller			Name of exempt organization/purchaser		
Street address			Street address	UKRAINIAN FEDERAL CREDIT UNION	
City	State	ZIP code	City	824 Ridge Rd East Rochester, NY 14621	ZIP code

The exempt organization **must be the direct purchaser and payer of record.**

You may **not** use this form **to purchase motor fuel or diesel motor fuel exempt from tax.**

Representatives of governmental agencies or diplomatic missions may **not** use this form.

Carefully read the instructions and other information on the back of this document.

I certify that the organization named above holds a valid Form ST-119, *Exempt Organization Certificate*, and is exempt from New York State and local sales and use taxes on its purchases.

I also certify that the above statements are true and correct. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeanor under section 1817 of the New York State Tax Law and section 210.45 of the Penal Law, punishable by imprisonment for up to a year and a fine of up to $10,000 for an individual or $20,000 for a corporation. I understand that the Tax Department is authorized to investigate the validity of the exemption claimed or the accuracy of any information entered on this form.

Print or type name of officer of organization	Title
ROMAN OMECINSKYJ	CFO
Signature of officer of organization	Date issued
Roman Omecinskyj	JUNE 9, 2014

STR

Need help?

Telephone assistance is available from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday.

For business tax information, call the New York State Business Tax Information Center:	1 800 972-1233
For general information:	1 800 225-5829
To order forms and publications:	1 800 462-8100
From areas outside the U.S. and outside Canada:	(518) 485-6800

Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. 1 800 748-3676

Internet access: *www.tax.state.ny.us*

Hotline for the hearing and speech impaired: 1 800 634-2110 from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.

If you need to write, address your letter to:
NYS TAX DEPARTMENT
TAXPAYER CONTACT CENTER
W A HARRIMAN CAMPUS
ALBANY NY 12227

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name: BROOKS INVESTIGATIONS

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
KARLA D. BROOKS			
(Area code) Phone number: 509-669-0096	Email *(required for IVIPS and Bulk records)*: KARLA@BROOKS-INVESTIGATIONS.COM	(Area code) Phone number	Email *(required for Bulk records)*

Physical address of business *(Number and street, City, State, ZIP code)*: 117 S. DELAWARE WENATCHEE, WA 98801

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*: P.O. BOX 3033 WENATCHEE, WA 98807

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			603-475-447

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

PRIVATE INVESTIGATIONS & PROCESS SERVICE

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☑ Private investigator
- ☑ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

☑ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☑ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller –** attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☑ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Owner & Private Investigator
Title

3-28-2016 Clallam County
Date and place (county) signed

X Karla D. Brooks
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Locating Subjects for Service of Process.
Locating missing or hidden Assets for litigation.
Insurance Claims Investigations

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☑ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☑ Yes ☐ No

STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON NAMED HEREON IS AUTHORIZED, AS PROVIDED BY LAW, AS AN

UNARMED PRIVATE INVESTIGATOR
PRINCIPAL

BROOKS INVESTIGATIONS LLC
KARLA D BROOKS
117 S DELAWARE
WENATCHEE WA 98801

Licensee Released -

Termination Date __/__/__

Cert/Lic No.	Issued Date	Expiration Date
4236	10/27/2015	10/31/2016

Pat Kohler
Pat Kohler, Director

PL-630-159 (R/6/13)

City of Wenatchee
129 S. Chelan Ave., Wenatchee, WA 98801-2975
P.O. Box 519, Wenatchee, WA 98807-0519
(509) 888-6229

BUSINESS LICENSE

BROOKS INVESTIGATION LLC
117 S DELAWARE
WENATCHEE, WA 98801

Expiration Date: 10/31/2016	
DATE ISSUED	LICENSE NUMBER
11/1/2015	150303
SIC Code Description	SALES TAX CODE
SER SERVICES NEC	**0405**

THIS CERTIFIES that the business or individual listed below is hereby licensed to do business within the **CITY OF WENATCHEE**.

BROOKS INVESTIGATION LLC

PO BOX 3033
WENATCHEE, WA 98807-3033

ISSUED MAIL ADDRESS ONLY

FINANCE DEPARTMENT

This license is to be displayed conspicuously at the location of business, and is not transferable or assignable.

STATE OF
WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 603 475 447
Business ID #: 1
Location: 1
Expires: 10-31-2016

Domestic Limited Liability Company

BROOKS INVESTIGATIONS LLC
117 S DELAWARE AVE
WENATCHEE WA 98801 2608

TAX REGISTRATION
PRIVATE INVESTIGATIVE AGENCY

PRIVATE INVESTIGATIVE AGENCY PRINCIPAL:
BROOKS, KARLA D

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith
Director, Department of Revenue

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to Adobe Reader XI or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

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Fees

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Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

Municipal City

Contract contact/manager *(IVIPS and Bulk records accounts)*		Signing Authority name *(Bulk records accounts only)*	
David M. Leath			
(Area code) Phone number	Email *(required for IVIPS and Bulk records)*	(Area code) Phone number	Email *(required for Bulk records)*
(509) 725-4352	d.leath@centurytel.net		

Physical address of business *(Number and street, City, State, ZIP code)*

411 Morgan Street, Davenport, WA 99122

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

P.O. Box 26

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
		6a	223000021

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

Municipal City in Washington State

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☑ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

We use the vehicle information to identify the register owners of junk vehicles

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? . . . . . ☐ Sell ☐ Provide ☑ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? . . . . . ☑ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

Certified US Mail

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? . . . . . ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? . . . . . ☐ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? . . . . . ☐ Yes ☐ No

8 Check all that apply

☑ **I represent a government agency.** Agency name: City of Davenport

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☑ Yes ☐ No

☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Clerk/Treasurer
Title

3/22/2016
Date and place (county) signed

X David M. Leath
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☐ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☒ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☒ Periodic ☐ Regular

PRINT or TYPE Company/Agency name: Route 527 Motorsports INC.

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
VICTOR PEREZ			
(Area code) Phone number	**Email** *(required for IVIPS and Bulk records)*	(Area code) Phone number	**Email** *(required for Bulk records)*
425 424 1333	VPEREZ90@GMAIL.COM		

Physical address of business *(Number and street, City, State, ZIP code)*: 18724 Bothell Everett Hwy

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*: Bothell WA 98012

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
	[redacted] 6a	[redacted] 6a	603 553 291

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

WE ARE A USED CAR DEALER'S WE TAKE TRADE IN'S SOMETIME WE NEED TO FIND OUT IF THER IS A LEAN HOLDER OR A LEAN ON TRADE IN'S

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☒ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☒ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

I Attaching A Good Sample.
We Are A Used Car Dealership We Take Trade In's and Buy Car's from The Public Need To Make Sure. We don't Buy Car's With Lean's and Then We Wont Be Able To Sell Them

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☒ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☒ Yes ☐ No

☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

OWNER
Title

3-10-16
Date and place (county) signed

X [signature]
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

N/A

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at **https://fortress.wa.gov/dol/ivipsprod/**.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Good example

Luis Traded His Liberty

Not Sure if This Unit is Paid off
IT Looks like it is

Just Need To Verified

Thank You

U. -/-

ROUTE 527 MOTORSPORTS

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle Registration Certificate

531WLS

07/07/2015

License plate	Plate Issue date	Tab no	Reg expiration	Value code	Year	Mo reg	Mo gwt	Pwr	Use	Mod yr	Make	Body
531WLS	05/2007	Z093066	07/07/2016	23687	2000	12		G	PAS	2000	CHEV	ASTRO

Vehicle ident (VIN)/Serial no	Res co	Scale wt	Seats	Model	BT	Gwt	Gwt st	Gwt exp	Fleet	Equip
1GNEL19W7YB198707	27	3998		AST	ES					

Prev plate	Filing	TBD	RTA Tax	Service fee	Gwt/Veh wt	Other	Total fees	Gwt cr
322LDM	$3.00		$7.00	$5.00	$10.00	$30.75	$55.75	

[redacted] 2b

[redacted] 2b WA 98499

RELIABLE CREDIT ASSOC INC
PO BOX 3866
KENT WA 98089

X [signature] Carlie Gomez Gaulin
Signature of registered owner(s)

X
Signature of registered owner(s)

Comments:

PL-F - COLOR-BLUE - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

Validation code 07271601151880707150122012894

RPT ID: AREGPR-1

This certificate is not proof of ownership.

VehicleRegistration (R/8/14)E

TD-420-802 (R/1/12) Page 1 of 2

COM501 Br 162 **CONTRACT ACTIVITY** 425512 Page 5 of 5 MMH

2b

Orig Amt 5,449.40 Maturity date **9/15/11** 1st Pmt date **10/15/09** Payment Amt **308.37** Current Balance .00

Date Entered	Date Eff.	Pmt By/Typ	Opr TrC	Tr Cd	Original Tran Amt	Transaction Amount	Balance	GL#	Due Date
2/24/11	2/24	ALJ 4	20	51	300.00	30.83-	3,087.41		1/25
**	*	* *	20	32	**	78.64			*
**	*	* *	20	41	**	190.53-	2,896.88		*
3/07/11	3/07	S	75	75		30.83+	2,896.88		2/25
4/04/11	4/04	S	75	75		30.83+	2,896.88		2/25
4/15/11	4/15	AAS 0	42	42	150.00	150.00-	3,046.88	523	2/25
4/22/11	4/21	AAS 0	40	40	1,634.82	1,634.82-	1,412.06	212	2/25
4/22/11	4/21	AAS 3	19	31	1,607.75	134.03	1,412.06		2/25
**	*	* *	19	51	**	61.66-			*
**	*	* *	19	41	**	1,412.06-	.00		*

Enter=Next 1=Prev 7=End 9=Help 12=J/E's & Comments

from Reliable Shows

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle Dealers, Manufacturers and For Hire Complaint Form

You can use this form to file a complaint against a service provider or professional licensee. If you have any questions, call (360) 664-6466.

Fax your complaint and the required enclosures to (360) 570-4953, scan and email to dealers@dol.wa.gov, or mail:

Dealer Investigations–Olympia
Department of Licensing
PO Box 9039
Olympia, WA 98507-9039

Enclose the following:

- A detailed explanation of your complaint; this includes dates, other parties involved, and a summary of any efforts you have already made to resolve the problem. Describe events in the order they occurred.
- Copies of all documents that relate to the complaint (i.e. purchase order, odometer statement, warranty, receipts, etc.)

Business or person you are filing a complaint about

Profession or type of business

- ☐ Vehicle dealer
- ☐ Vessel dealer
- ☐ Registered tow truck operator
- ☐ Vehicle manufacturer
- ☐ Off-road vehicle dealer
- ☐ Scrap processor
- ☐ Unlicensed dealer
- ☐ Manufactured home/travel trailer dealer
- ☐ Limousines
- ☐ Hulk hauler
- ☐ Wrecker
- ☐ Snowmobile dealer
- ☒ For hire

Se[redacted] 2b

Dealer/Business License number *(if known)*

Bu[redacted]

(A[redacted] 2b

(Area code) Fax number

email or web address

Bu[redacted] 2b

City [redacted] 2b

State WA

ZIP code 98499

Your contact information

N[redacted] 2b

B[redacted]

[redacted] 2b

(Area code) Alternate telephone number

Email address

Mailing address [redacted] 2b

City [redacted] 2b

State WA

ZIP code 98499

Vehicle/vessel information

Year	Make	Plate/Registration number	VIN/HIN
2000	CHEV	531WLS	1GNEL19W7YB198

(continued)

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov.**

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☑ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

Fidelity Title Company

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Christina Morehead			
(Area code) Phone number	Email *(required for IVIPS and Bulk records)*	(Area code) Phone number	Email *(required for Bulk records)*
(509) 248-6210	christina@fitico.com		

Physical address of business (Number and street, City, State, ZIP code)

117 N. 4th Street, Yakima, WA 98901

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

PO Box 1682, Yakima, WA 98907

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			600198790

2 Provide a detailed explanation of your primary business activity (exactly what your business does)

Title insurance and escrow services. Transfers of real and personal property including vehicles and manufactured homes.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☐ Bank or financing firm
- ☐ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☑ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

If parties to a transaction cannot locate an original title for a vehicle/vessel that is to be transferred at closing, we need to verify the registered/legal owners are in fact our parties prior to proceeding with closing and using the lost title affidavit forms.

Example: Mr. Brown owns real property and is selling it including a manufactured home which is on the real property. Mr. Brown does not have the title. We would search to verify Mr. Brown owns the home prior to allowing him to sign transfer documents.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☑ Provide ☐ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

Real property owner. Information would only be provided to a real property owner in the case that they are not in fact also the personal property owner.

Example: From above, if Mr. Brown is not the owner of the manufactured home that sits on his real property, we would provide him with the name of the owner.

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

Our company is in compliance with Best Practices and complies with all legal requirements regarding privacy and personal information. Information will only be provided to owners and/or owners of real property affected by a manufactured home on their property.

How will you provide the information to recipients? Explain.

We will provide the recipients with copies of all documents we obtain during our search of public records.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☑ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

If the owner is our client we will be in contact with them prior to this request. If owner is not our client, we will not contact them.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☑ Yes ☐ No

B Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

☑ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Escrow officer
Title

2/11/16 Yakima
Date and place (county) signed

X [signature]
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

OIC online services login information:

User ID:	BUS13067
Registered email address:	jpkissling@fitico.com
Next expiry date:	03/01/2017

Remember, all licensing processes must be completed online.

Contact us via:

Email:	licinfo@oic.wa.gov
Phone:	360-725-7144
Fax:	360-586-2019
Postal mail:	P.O. Box 40257 Olympia, WA 98504-0257
Visit our website:	http://www.insurance.wa.gov/for-producers/

Make sure you are familiar with insurance license compliance laws and rules at:
http://www.insurance.wa.gov/for-producers/new-licensee/welcome/

Cut Here Cut Here Cut Here Cut Here Cut Here Cut Here

State of Washington

OFFICE OF THE INSURANCE COMMISSIONER

*** * * TITLE LICENSE * * ***

WAOIC # : 13067

EFFECTIVE : 08/26/1976

EXPIRES : 03/01/2017

FIDELITY TITLE COMPANY
DBA SCHREINER TITLE COMPANY
POB 1682
YAKIMA WA 98907

THE LICENSEE IS AUTHORIZED TO SELL THE FOLLOWING LINES OF INSURANCE:
Title

THIS LICENSE MUST BE ACCOMPANIED BY A CURRENT APPOINTMENT CERTIFICATE FOR EACH INSURER REPRESENTED.

NON-TRANSFERABLE

INSURANCE COMMISSIONER

OIC online services login information:

User ID:	BUS13067
Registered email address:	jpkissling@fitico.com
Next expiry date:	03/01/2017

Remember, all licensing processes must be completed online.

Contact us via:

Email:	licinfo@oic.wa.gov
Phone:	360-725-7144
Fax:	360-586-2019
Postal mail:	P.O. Box 40257 Olympia, WA 98504-0257

Visit our website: http://www.insurance.wa.gov/for-producers/

Make sure you are familiar with insurance license compliance laws and rules at:
http://www.insurance.wa.gov/for-producers/new-licensee/welcome/

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State of Washington

OFFICE OF THE INSURANCE COMMISSIONER

*** * * TITLE LICENSE * * ***

WAOIC # : 13067

EFFECTIVE : 08/26/1976
EXPIRES : 03/01/2017
FIDELITY TITLE COMPANY
POB 1682
YAKIMA WA 98907

THE LICENSEE IS AUTHORIZED TO SELL THE FOLLOWING LINES OF INSURANCE:
Title

THIS LICENSE MUST BE ACCOMPANIED BY A CURRENT APPOINTMENT CERTIFICATE FOR EACH INSURER REPRESENTED.

NOT TRANSFERABLE

INSURANCE COMMISSIONER

State of Washington
Business Licensing Service

Office of the Secretary of State
Corporations Division

LEGAL ENTITY REGISTRATION

Unified Business ID #: 600 198 790
Business ID #: 1

Expires: 03-31-2016

FIDELITY TITLE COMPANY
117 N 4TH ST
YAKIMA WA 98901 2706

Domestic Profit Corporation
Renewed by Authority of Secretary of State

REGISTERED TRADE NAMES:
SCHREINER TITLE COMPANY

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Secretary of State

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to Adobe Reader XI or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional $2 for each record accessed. Government entities are exempt from the $2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting

☑ IVIPS *(Individual record inquiries)* Current IVIPS number, if applicable _____

☐ Bulk vehicle/vessel records *(Batch process)* Frequency *(check one)*: ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

MidFirst Bank

Contract contact/manager *(IVIPS and Bulk records accounts)*		**Signing Authority name** *(Bulk records accounts only)*	
Lisa Jourdan			
(Area code) Phone number	Email address for IVIPS and Bulk records	(Area code) Phone number	Email address for Bulk records
(405) 717-3171	MHDocs@midfirst.com		

Physical address of business *(Number and street, City, State, ZIP code)*

999 NW Grand Blvd., Oklahoma City, OK 73118

Mailing address of business, if different *(Address or PO Box, City, State, ZIP code)*

Provide **one** of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
	[redacted] 6a		

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

MidFirst Bank services home mortgage loans.

3 Check all that apply to you and/or your business

- ☐ Attorney
- ☐ Auction
- ☐ Auto manufacturer or agent
- ☐ Bail bonds
- ☑ Bank or financing firm
- ☑ Business
- ☐ Commercial parking company
- ☐ Credit union
- ☐ Data broker/Reseller
- ☐ Debt recovery/Collection
- ☐ Employer/Prospective employer
- ☐ Government
- ☐ Guardianship/Trustee service
- ☐ Homeowner association
- ☐ Hospital
- ☐ Hulk hauler
- ☐ Insurance company/agent
- ☐ Lien service
- ☐ Marina
- ☐ Neighborhood block watch
- ☐ Newspaper or media
- ☐ Non-profit organization
- ☐ Parking enforcement
- ☐ Private investigator
- ☐ Process server
- ☐ Property mgmt. - Government
- ☐ Property mgmt. - Private
- ☐ Repossession service
- ☐ Retail/Store
- ☐ School - Private
- ☐ School - Public
- ☐ Scrap processor or wrecker
- ☐ Security services - Government
- ☐ Security services - Private
- ☐ Service bureau for another business
  Provide business name: _____
- ☐ Storage facility
- ☐ Title/Escrow
- ☐ Toll facility
- ☐ Towing company
- ☐ Transporter
- ☐ Union (non-profit)
- ☐ Vehicle/Vessel dealer
- ☐ I represent a business that will provide information to another party
  Provide business names: _____
- ☐ Other (explain) _____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

MidFirst needs to know the status of the title on mobile/manufactured homes so we can determine if the vehicle has been properly converted to real property as required by the loan transaction.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? . . . . . ☐ Sell ☑ Provide ☐ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

1. First American Mobile Home Title Services, which is a vendor of MidFirst
2. Our attorney, McCarthy Holthus, LLP
3. The Department of Housing and Urban Development, and the Department of Veteran's Affairs, and their agents.

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

1. First American does their own DMV searchs. They have their own account with WA DOL
2. We only send the attorney the DMV searchs if they are representing MidFirst in connection with a pending legal matter related to a loan we are servicing, for the purpose of verifying the title of the mortgaged property.
3. HUD or VA may request the title searches when we convey the property to them after foreclosure.

How will you provide the information to recipients? Explain.

1. Either by phone or secure email.
2. Secure upload or secure email.
3. Secure upload.

6 Owner contact

Will you contact the vehicle/vessel owner? . . . . . ☑ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

We may contact the owner by phone or mail as needed in connection with the servicing of a loan which may include contacting them about the vehicle that secures the loan being serviced.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? . . . . . ☑ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? . . . . . ☑ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? . . . . . ☑ Yes ☐ No

8 Check all that apply

☐ **I represent a government agency.** Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No

☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess

☑ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:
- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
   - Your Articles of Incorporation, filed with the Secretary of State
   - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
   - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:
- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner.** RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

1st Vice President
Title

3-2-16, Oklahoma County, OK
Date and place (county) signed

X
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at **https://fortress.wa.gov/dol/ivipsprod/.**

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... ☐ Yes ☐ No			
	Legal business name	Contact name	Email	Telephone #
2	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... ☐ Yes ☐ No			
	Legal business name	Contact name	Email	Telephone #
3	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... ☐ Yes ☐ No			
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... ☐ Yes ☐ No			
	Legal business name	Contact name	Email	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... ☐ Yes ☐ No			
	Legal business name	Contact name	Email	Telephone #
6	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... ☐ Yes ☐ No			
	Legal business name	Contact name	Email	Telephone #
7	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... ☐ Yes ☐ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

MIDFIRST BANK

March 2, 2016

Washington State Department of Licensing
PO Box 2957
Olympia, WA 98507-2957

RE: Vehicle / Vessel Contract Renewal Application

Dear Sir/Madam:

MidFirst Bank is submitting a renewal application to perform Vehicle/Vessel Searches in the State of Washington. Item Number 8 for a business located outside Washington State requests a copy of our current business license or letter with our federal tax identification number.

MidFirst Bank is a federally chartered savings association with a primary business office in Oklahoma City, OK. Our federal Employer Identification Number is 73-0383055. Please accept this letter as responsive to Item No. 8 of the application.

Thank you for your attention in this matter.

Sincerely,

Bette Garver
MidFirst Bank
1st Vice President
(405) 717-3171

Redaction Log

Reason	Page (# of occurrences)	Description
13a	**3** (1) **7** (1) **11** (1) **15** (1) **19** (1) **24** (1) **29** (1) **34** (1) **40** (1) **46** (1) **47** (1) **52** (1) **53** (1) **54** (5) **62** (1) **74** (1) **94** (1) **134** (1) **137** (3)	RCW 42.56.420(4). Security – Computer and Telecommunications Networks. Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities.
2b	**167** (3) **168** (1) **169** (8)	18 USC Sec. 2721-2725. Driver's Personal Information. Personally identifying information, obtained in connection to a motor vehicle record, is protected by federal law (The Drivers Privacy Protection Act). This information may only be disclosed to parties with a verified permissible use.

Reason	Page (# of occurrences)	Description
6a	**7** (1) **24** (1) **28** (1) **29** (2) **34** (1) **47** (2) **56** (1) **67** (1) **74** (1) **78** (1) **87** (1) **90** (1) **91** (1) **94** (1) **102** (1) **108** (1) **111** (1) **122** (1) **127** (2) **128** (1) **132** (1) **134** (1) **144** (1) **148** (1) **159** (1) **162** (2) **176** (1)	RCW 42.56.230(5); RCW 9.35.005. Personal Information – Financial Information. Credit card numbers, debit card numbers, electronic check numbers, card expiration dates, social security numbers, bank or other financial information identified in RCW 9.35.005. Information in RCW 9.35.005 is information identifiable to an individual that concerns the amount or conditions of an individual's assets, liabilities or credit: account numbers and balances; transactional information concerning an account; codes, passwords, social security numbers, tax identification numbers, driver's license or permit numbers, state identicard numbers issued by the Department of Licensing, and other information held for the purpose of account access or transaction initiation.